

The Cathedral
Church
of St. James

DIOCESE OF TORONTO
ANGLICAN CHURCH OF CANADA



APPLICATION FOR HOLY BAPTISM (INFANT)

Full Name of Child:

Date of Birth

Place of Birth

Gender

Mother's Name

Baptized

Yes _____ No _____

Father's Name

Baptized

Yes _____ No _____


Address (Line 1)

Address (Line 2)

Email

Telephone

Home Church

Please turn over for signature and to list the names(s) of sponsors/Godparents 

SPONSOR/GODPARENT

SPONSOR/GODPARENT

Name

Address (Line 1)

Address (Line 2)

City / Postal Code

Home Church
(Denomination):

SPONSOR/GODPARENT

SPONSOR/GODPARENT

Name

Address (Line 1)

Address (Line 2)

City / Postal Code

Home Church
(Denomination):

Applicant'(s)'
Signature(s)

Please return this completed form to the Office as soon as possible

For Church Use

Date of Baptism

Please inform the Cathedral Office (416) 364-7865 ext. 229 immediately of any changes in the above information, or notify by e-mail to: info@stjamescathedral.ca