

The Cathedral
Church
of St. James

DIOCESE OF TORONTO
ANGLICAN CHURCH OF CANADA



APPLICATION FOR HOLY BAPTISM (YOUTH/ADULT)

Full Name of Candidate:

.....

Date of Birth

.....

Place of Birth

.....

Gender

.....

Address (Line 1)

.....

Address (Line 2)

.....

City/Postal Code/Province

.....

Telephone

.....

Email

.....

Father's Name (Optional)


.....

Mother's Name (Optional)

.....

Applicant's
Signature

.....

Please turn over for signature and to list the names(s) of sponsor(s) 

SPONSOR

SPONSOR

Name

Address (Line 1)

Address (Line 2)

City / Postal Code

Home Church
(Denomination):

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

For Cathedral Use

Date of Baptism