

Certificate of
BAPTISM

THE ANGLICAN CHURCH
OF CANADA



Name _____

Date of Birth _____ Church _____

Date of Baptism _____

Place of Birth _____ Diocese _____

Parents

Godparents

Address _____

Baptized by _____

I certify that the above information is truly recorded in the Register of Baptisms kept in

Given under my hand

this _____ day of _____ 20 _____ Signature _____