

St. Elias Antiochian Orthodox Cathedral (Ottawa)
Sacrament of Holy Baptism

Please complete ALL information with correct spelling and full names.
PRINT CLEARLY Date of Baptism: _____ Time: _____

INFORMATION – CHILD

Child's Name: First _____ Middle _____ Last _____

Christian Name: _____ Male Female Adult

(DD/ MM/ YYYY)
Date of Birth: ____/____/____

Place of Birth: City _____ Province _____ Country _____

INFORMATION – PARENTS

FATHER: First _____ Middle _____ Last _____ Orthodox? Yes No

MOTHER: First _____ Middle _____ Last _____ Yes No

Mother's Maiden Name: _____ Check if Same

Street Address: _____

City _____ Province _____ Postal Code _____

Email : _____

Telephone #:

Home _____

Work _____

Cell _____

Date of Marriage: _____

Location: _____

Name of Church: _____

INFORMATION – BAPTISM

Name of Church: St. Elias Cathedral, 2975 Riverside Drive (Ottawa, Ontario, Canada)

Presiding Priest: Rev. Fr. _____

Godfather: First _____ Middle _____ Last _____ Orthodox? Yes No

Godmother: First _____ Middle _____ Last _____ Yes No

Date Application Completed: _____