



Child Baptism Application Form

Child Information		Anticipated Baptism Date:
First Name:	Date Of Birth:	
Middle Name:	Place Of Birth:	
Last Name:	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>

Parents Information	
Father's First Name:	Date Of Birth:
Middle Name:	Place Of Birth:
Last Name:	Phone Number:
Mother's First Name:	Date Of Birth:
Middle Name:	Place Of Birth:
Last Name:	Phone Number:

Godparents Information	
Godfather's First Name:	Mobile Number:
Middle Name:	Home Number:
Last Name:	Relationship:
Godmother's First Name:	Mobile Number:
Middle Name:	Home Number:
Last Name:	Relationship:

Signature	
Father: Date:	Mother: Date:
Godfather: Date:	Godmother: Date:

Office Use Only	Application Number: _____
Date: _____	Baptised By: _____