

ST. PAUL'S ANGLICAN CHURCH, DURBAN

APPLICATION FOR BAPTISM

PLEASE PRINT ALL INFORMATION IN BLOCK CAPITAL LETTERS

PROPOSED DATE OF BAPTISM:

INFORMATION CONCERNING THE PERSON TO BE BAPTISED

First Names and Surname of person to be baptised:

Date of birth: _____

INFORMATION CONCERNING PARENTS/GUARDIANS

Father's Full Name including Surname: _____

Mother's Full Name including Surname: _____

Father's Occupation: _____

Mother's Occupation: _____

Address: _____

Telephone Numbers:

Father: _____ **Mother:** _____

NAMES AND SURNAMES OF GODPARENTS/SPONSORS

(in the case of adults, WITNESSES)

1. _____

2. _____

3. _____

4. _____