

Baptism Form

Baptism schedule is based on the church seasons and in consultation with the Minister and the families.

Date for baptism to be decided in consultation with the Minister: _____

Child's Full Name: _____

Date of Birth: _____

City of Birth: _____

Given Names of Parent 1: (If married, include birth name in brackets)

Given Names of Parent 2: (If married, include birth name in brackets)

Residence Address: _____ Postal Code: _____

Telephone Number: _____ Email: _____