

S Stephen's, Anglican Church, Adamstown



Application for Baptism

Date _____ Time _____ Place _____

Candidate's Full Name _____

Date of Birth _____

Father's Full Name _____

Baptised? YES / NO Denomination _____

Father's Occupation _____

Mother's Full Name _____

Baptised? YES / NO Denomination _____

Mother's Occupation _____

Address _____

Phone _____

Email _____

Names of Godparents _____

Names of Other Children _____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

Additional Information _____
