

PO Box 116 Belmont. NSW 2280

Website: www.elm-anglican.au

ABN: 49 120 415 903

BAPTISM REQUEST

Please print & use full names

Date of Application _____

Candidate's Name _____ Gender _____

Date of Birth _____ Age _____

Place of Birth (City & Country) _____

Address _____

City _____ State _____ Postcode _____

Father's full name _____

Occupation _____ Mobile: _____

Email address _____

Mother's full name _____

Occupation _____

Email address _____

Religious Affiliation of Parents _____

Telephone: Home _____ Mobile (Name): _____

Names & Ages of other children _____

Sponsor/Godparent _____

Address _____

Sponsor/Godparent _____

Address _____

Proposed Date of Baptism: _____ Time: _____

Place of Baptism: _____

Remarks _____