

Baptism Form



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

(Copy of Birth Certificate may be required)

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: _____