BAPTISM REGISTRATION FORM

PLEASE USE BLOCK LETTERS

Date and Time of Baptism: _____

Child's Full Christian Names:

Surname: Male: Female:

Date of Birth: / / Place of Birth:

Name of Father: Surname:

Name of Mother: Surname:

Residential Address:

Postal Code:

Postal Address:

Postal Code:

Telephone No. (Home): - - (Work): - -

(Cellphone): 1 - - 2 - -

Email Address:

God Parents or Sponsors:

Christian Name: Surname:

Christian Name: Surname:

Christian Name: Surname:

Thank Offering made: _____

Church Affiliation of Parents of Child candidates:

	Father	Mother
Have you been Baptised?	Yes / No	Yes / No
Would you like to be:		
Prepared for confirmation:?	Yes / No	Yes / No
On the Parish Roll?	Yes / No	Yes / No
A financial supporter of St Mark through our Dedicated Giving?	Yes / No	Yes / No

DECLARATION

I clearly understand that in bringing my Child for Baptism, I take upon myself the solemn responsibility of doing everything in my power to:

1. Help him/her to come to know and love God through Jesus Christ in the Power of the Holy Spirit.
2. Instruct my Child in the faith of the Church.
3. Teach him/her to participate in the life and worship of the Church and be aware of belonging to it.

Father: _____ Mother: _____