

ST. JUDE'S ANGLICAN CHURCH BAPTISM APPLICATION

Date Received:

DATE OF BAPTISM:

Baptism preparation is scheduled for the Saturday prior to the date of baptism

SURNAME OF CHILD _____

GIVEN NAME(S) OF CHILD _____ (male/female)

DATE OF BIRTH _____ PLACE OF BIRTH _____
(Day/Month/Year)

ARE YOU CURRENTLY A ST. JUDE'S PARISHIONER? _____ IF NOT, DO YOU WISH TO JOIN THE PARISH? _____

FATHER'S NAME _____

OCCUPATION: _____ BAPTISED: Y / N

MOTHER'S NAME (*INCLUDE* MAIDEN NAME) _____

OCCUPATION: _____ BAPTISED: Y / N

PARENT'S ADDRESS _____

HOME TELEPHONE # _____ EMAIL _____

BUSINESS PHONE # _____

ANY OTHER CHILDREN? NAME BIRTHDATE (day/month/year)

_____	_____	_____
_____	_____	_____
_____	_____	_____

NAMES OF SPONSORS/GODPARENTS:

1. _____
2. _____
3. _____