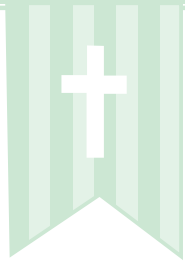


MOGGILL UNITING CHURCH

BAPTISM APPLICATION FORM FOR CHILDREN



Date of Baptism: _____

Child's Details:

Surname: _____

Names: _____

Birth date: _____

Place of birth: _____

Parent's Details:

Father's full name and surname: _____

Mother's full name and surname: _____

Siblings name/s and surname: _____

Residential address: _____

Postcode: _____

Home phone number: _____

Mobile: _____

Email: _____

Name of sponsor/s (God parent's): _____

FOR OFFICE USE

Date of interview: _____ Date of rehearsal: _____

Pastoral carer: _____

Member details: _____

Church Council: _____

