



# Your Child's Baptism at Christ Church Longford

Please read "Baptism at Christ Church" before filling in this form.

<u>Office Use</u>	
Minister	_____
Interview	_____
<input type="checkbox"/> Register	<input type="checkbox"/> Certificates

Child's Full Name \*\* \_\_\_\_\_

DOB \_\_\_\_\_ Gender M/F Proposed Baptism Date \_\_\_\_\_

Baptism During Service/ After Proposed Baptism Time \_\_\_\_\_

## **PARENTS**

### **Father**

### **Mother**

Full Christian Names\* \_\_\_\_\_

Surname\* \_\_\_\_\_

Address\* \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Occupation\* \_\_\_\_\_

Baptised/ Confirmed \_\_\_\_\_

Special reasons for this date?

Connection with Christ Church (if any)

Other Children and when baptised.

## **GODPARENTS (also known as Sponsors)**

Ms/Mr/Mrs \_\_\_\_\_ Baptised (Denomination) \_\_\_\_\_

Address \_\_\_\_\_

Ms/Mr/Mrs \_\_\_\_\_ Baptised (Denomination) \_\_\_\_\_

Address \_\_\_\_\_

Ms/Mr/Mrs \_\_\_\_\_ Baptised (Denomination) \_\_\_\_\_

Address \_\_\_\_\_

Return to Christ Church Anglican; PO Box 100 Longford  
7301 [rector@chrstchurchlongford.com.au](mailto:rector@chrstchurchlongford.com.au) or  
[office@chrstchurchlongford.com.au](mailto:office@chrstchurchlongford.com.au)

\* Required for Baptism register and certificates  
\*\* If more than one child please use additional forms.