

APPLICATION FOR BAPTISM

ST PETER'S EASTERN HILL

DATE:

TIME:

NAME:

(Block letters please)

ADDRESS:

TELEPHONE:

DATE OF BIRTH:

PARENTS DETAILS:

FATHER:

baptised? YES/NO

MOTHER:

baptised? YES/NO

GODPARENTS: 1

baptised ? YES/NO

2

baptised ? YES/NO

3

baptised ? YES/NO

Office use only:

BAPTISING PRIEST:

INTERVIEW TIMES:

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