



St Luke's Torquay
Transfiguration Anglesea
St Aidan's Aireys Inlet

Surfcoast Anglican Parish

Baptism Application Form

Child's Name: _____

Date of Birth: ___/___/___ Place of Birth: _____ Male [] Female []

Parents:

Father: _____ Occupation _____

Mother: _____ (Maiden) _____ Occupation _____

Siblings:

Name: _____ DoB ___/___/___ School _____

Name: _____ DoB ___/___/___ School _____

Name: _____ DoB ___/___/___ School _____

Home Address: _____

Home Phone: _____ Father: _____ Mother: _____

Email _____ Past Parish/Church: _____

Godparents:

Full Name _____ Baptised: [] Confirmed []

Full Name _____ Baptised: [] Confirmed []

Full Name _____ Baptised: [] Confirmed []

Will godparents be attending baptism? yes [] no []

Requested Date: ___/___/___ Parish Centre _____

For official Use Only:

Baptism Scheduled: ___/___/___ Preparation ___/___/___ Time: _____

Notes: _____

Recorded in Register: _____ Data Base _____