

BAPTISM REQUEST FORM

Child's Surname:		
Child's Given Names:		
Date of Birth:		
Place of Birth:		
Date of Baptism:		
Place of Baptism:	St. Ninian's Anglican Church	
Mother's Birth Name:		
Given Name(s):		
Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No	Denomination: <input type="checkbox"/> Anglican <input type="checkbox"/> Catholic <input type="checkbox"/> Other	
Father's Surname:		
Given Name(s):		
Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No	Denomination: <input type="checkbox"/> Anglican <input type="checkbox"/> Catholic <input type="checkbox"/> Other	
Address:		
City:	Province:	Postal Code:
Phone:	E-mail:	
God Parent:	Address:	
God Parent:	Address:	
God Parent:	Address:	
Additional Information:		