BAPTISM APPLICATION FORM - CHILD

YEAR: _____

PARTICULARS OF CANDIDATE

Identity/Passport No: ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

Church Membership No: _____

Surname: _____

First Names: _____

Gender: Male ⬚ Female ⬚   Date of Birth: d d / m m / Y Y Y Y

PARTICULARS OF FATHER

Identity/Passport No: ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

Church Membership No: _____

Surname: _____

First Names: _____

Country of Birth: _____   Country of Domicile: _____

Residential Address: _____

_____

Mobile No: _____   Email: _____

Are you baptised? Yes ⬚ No ⬚   Are you confirmed? Yes ⬚ No ⬚

Signature: _____   Date: _____

Email to: comms.events@stmonnica.org.za

PARTICULARS OF MOTHER

Identity/Passport No: ☐☐☐☐☐☐☐☐☐☐☐☐☐

Church Membership No: _____

Surname: _____

First Names: _____

Country of Birth: _____   Country of Domicile: _____

Residential Address: _____

_____

Mobile No: _____   Email: _____

Are you baptised?   Yes ☐   No ☐   Are you confirmed?   Yes ☐   No ☐

Signature: _____   Date: _____

PARTICULARS OF GODPARENTS

GODPARENT 1

Identity/Passport No: ☐☐☐☐☐☐☐☐☐☐☐☐☐

Surname: _____

First Names: _____

Church Denomination: _____

Residential Address: _____

_____

Mobile No: _____   Email: _____

Email to: comms.events@stmonnica.org.za

GODPARENT 2

Identity/Passport No: | | | | | | | | | | | | |

Surname: _____

First Names: _____

Church Denomination: _____

Residential Address: _____

_____

Mobile No: _____ Email: _____

GODPARENT 3

Identity/Passport No: | | | | | | | | | | | | |

Surname: _____

First Names: _____

Church Denomination: _____

Residential Address: _____

_____

Mobile No: _____ Email: _____

Required Documentations:	
	Submitted
Certified copy of Unabridged Birth Certificate	

FOR OFFICE USE ONLY

Date of application submission:		**Commencement of Classes:**	

Facilitator Name: _____ **Date of Baptism:** _____

Rector's Baptism Authorisation:

_____	_____	_____
Name	**Signature**	**Date**

Email to: comms.events@stmonnica.org.za