



BAPTISM APPLICATION FORM - ADULT

YEAR: _____

PARTICULARS OF CANDIDATE

Identity/Passport No:

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Church Membership No: _____

Surname: _____

First Names: _____

Country of Birth: _____ Country of Domicile: _____

Residential Address: _____

Mobile No: _____ Email: _____

Signature: _____ Date: _____

Required Documentation:

	Submitted
Certified copy of Identity Document	

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