



ST JOHN'S UNITING CHURCH ESSENDON

Request for Baptism of a Child

Baptisms are normally celebrated on the 3rd Sunday of the month

(Please use BLOCK printing throughout)

CHILD'S FULL NAME (& GENDER) _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

PROPOSED DATE FOR THE BAPTISM _____

FATHER'S NAME _____

MOBILE _____

Have you been baptised? Yes/No Have you been confirmed? Yes/No

MOTHER'S NAME _____

MOBILE _____

Have you been baptised? Yes/No Have you been confirmed? Yes/No

HOME ADDRESS _____

_____ POSTCODE _____

Best Email for on-going Contact _____

Please provide the names of any Godparents (*normally two people*): and their contact details:

Number of Guests? _____

Parents Declaration: *I/we have carefully read the Baptism preparation literature provided by St John's Uniting Church and I/we are comfortable with the promises and commitment I/we will make before God in this celebration.*

Mother: _____ Father: _____ Dated: _____

For Office Use:

Arrangements Confirmed: _____ Minister: _____

Church Council Approval Date: _____ Elder/Pastoral Carer: _____

Baptismal Preparation Dates _____

Preparation Completed _____ Bible [] Candle Made [] Godparents Cert []

Baptismal Certificate Prepared [] Thank-you card sent to Godparents []

Baptismal Register filled in [] Follow up cards given to Elder []