



OFFICE USE
ONLY

BAPTISM APPLICATION FORM

Full Name of Person to be Baptised: _____

Date of Birth: _____ Male / Female (*delete one*)

Requested Date for Baptism (*not confirmed until interview*): _____

Home Address: _____

If you are not a resident of Kiama (postcode 2533) please tell us why you wish to have your child baptised here and not at your local church.

Contact Phone Number(s): _____

Contact Email Address: _____

For the Baptism of a Child

Father's Full Name: _____ Occupation: _____

Mother's Full Name: _____ Occupation: _____

For a child's baptism, 2-3 godparents are recommended, though not essential; adults may choose 'sponsors' to support them.

Full Names of Godparents/Sponsors: (*Not necessary at application stage*)

I apply for baptism at Kiama Anglican Churches for myself / my child (*delete one*) and will participate in at least one pre-baptism interview with the Minister before details are finalised.

Print Name: _____

Signature: _____ Date: _____

Minister's Signature (when complete): _____