

**St. George's
Anglican Church**
Baptismal Form

Baptism Date: _____

Last Name: _____

Rehearsal Date: _____

Name of Child: _____

Sex
 M F

Date of Birth: _____

Place of Birth: _____

Address: _____

Telephone: _____

Father's Name: _____

Baptised
 Y N

Mother's Name: _____

Baptised
 Y N

Maiden Name: _____

I, _____ certify that the above person to be baptized
has not been baptized before.
Signed: _____

Sponsors: (Full Names)

 Baptized

 Baptized

 Baptized

 Baptized

Interview: _____