



ST. GEORGE'S ANGLICAN CHURCH
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BAPTISMAL APPLICATION FORM

Child's Surname: _____ Sex of Child: _____

Christian Names: _____

Date of Birth: _____ Place of Birth _____

PARENTAL INFORMATION - FATHER

Father's Surname: _____ First Name: _____

Place of Business: _____ Business Phone: _____

Home Address: _____ Home Phone: _____

Mobile Phone: _____ Email: _____

PARENTAL INFORMATION - MOTHER

Mother's Surname: _____ First Name: _____

Place of Business: _____ Business Phone: _____

Home Address: _____ Home Phone: _____

Mobile Phone: _____ Email: _____

GOD PARENTS / SPONSORS

Name of Godparents / Sponsors: _____

Date of Baptism

Baptized by:

Recorded in Register on:

Recorded in Acolyte: