

OFFICE USE ONLY

Date of Baptism

Baptism Form

Please print your information clearly

Health Warning: It is not advised to be baptised during pregnancy!

ABOUT YOU:

First Name..... Surname:

Address.....

..... Postcode:

Home Contact No..... Mobile Contact:

What is the best time of day to contact you?

Age: Male / Female

If you are under 18, are your parents aware of, and in agreement with your decision to be baptised? Yes / No

What does it mean to you, to be born again?

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Date you will you be attending the Baptism Class:



Be Baptized