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PO Box 4 Ph: 0885 662064

KAPUNDA SA 5373 E-mail: *nlparish@adam.com.au*

***BAPTISMAL FORM***

Date of Baptism:Click or tap to enter a date.. Celebrant:      …………………………………………

Church:      ……………………………………………………… Location:      …………………………………………

Child’s Name in Full      ……………………………………………………………………………………………

Father’s Name in Full      ……………………………………………………………………………………………

Mother’s Name in Full      ……………………………………………………………………………………………

Mother’s Maiden Name:      …………………………………………………………………………………………….

Parent’s Address:      ………………………………………………………………………………………………………….

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Phone Number: Mobile:      …………………….Mobile      ……………………………Landline      …………………..

E-mail:      …………………………………………………………………………………………….

Child’s Date of Birth: Click or tap to enter a date.…………………………………………………

Child’s Place of Birth:      ………………………………………………………………………………………………

God Parent’s Names:      ………………………………………………………………………………………………

     ………………………………………………………………………………………………

Preparation Date: (Celebrant to confirm )Click or tap to enter a date. ……………………………………………

Welcoming Date: Click or tap to enter a date.…………………………………………………

Christening Gown/Stole: Yes  No

Candle Supplied by: Family Parish

No. of Booklets required:      ……………………………………………………………………………