

APPLICATION FOR BAPTISM OF AN INFANT

Please complete and forward to:

St Stephen's Anglican Church

42 Regent Street

BELMONT VIC 3216

**Circle all that are appropriate*

Candidate:

Full name:

Date of Birth: Guardianship: Natural

Parents:

Father / Guardian's full name:

Occupation: Anglican Baptised Confirmed

Mother / Guardian's full name:

Occupation: Anglican Baptised Confirmed

Address:

Telephone:

Home: Mobile:

Email:

Godparents:

Full name:

Address: Anglican Baptised Confirmed

Full name:

Address: Anglican Baptised Confirmed

Full name:

Address: Anglican Baptised Confirmed

Consent:

To be completed by the Parish Priest of the local Anglican Church if parents of the candidate reside outside the Parish of St Stephen's Belmont.

I give my consent for to be baptised at St Stephen's Anglican Church Belmont and

I will prepare the parents for baptism

request St Stephens to prepare the parents for that baptism.

I will accept pastoral responsibility for the family after the Baptism has taken place.

Name:

Signed: Date: