

201 Church Street
Belleville, Ontario
K8N 5P2

APPLICATION FOR BAPTISM IN THE CHURCH

Family Information:

Full Name of Child: First: _____ Middle: _____ Last: _____

Parent's Full Names:

Mother _____ (phone) _____ B.Date ____/____/____
DD MM YY

Maiden Name _____ Occupation _____

Complete mailing address: _____

Street address (if different): _____

E-mail address _____ Baptised? []Yes []No

Father (full name) _____ (phone) _____ B.Date ____/____/____

Father's Occupation _____ DD/MM/YY

Mailing address (if different from mother's) _____

Street address (if different) _____

E-mail address: _____ Baptised? []Yes []No

Birthdate of Child: ____/____/____
(Month) (Day) (Year)

Place of Birth: _____ Was the Child baptised before? _____

Baptism Preparation:

Gathering # 1: Date: _____ Where: _____ Time: _____

Gathering # 2: Date: _____ Where: _____ Time: _____

Gathering # 3: Date: _____ Where: _____ Time: _____

Rehearsal: Date: _____ Time: _____

Intended Date of Baptism: ____/____/____
DD MM YY

Sponsors/Godparents:

NAME

TOWN OF RESIDENCE / PHONE #

1. _____

2.

I/we give permission for photo release.

I acknowledge that as a participant of events at St. Thomas' Anglican Church I may be photographed, either individually or as part of a group. I also acknowledge that these pictures may be used in the reporting of these events on www.stthomasbellevile.ca or other church affiliated websites and publications including *The Cornerstone*, *Dialogue*, and *Anglican Journal*, and that photos taken at these events may be used for the promotion of future events at St. Thomas' or elsewhere in the Diocese of Ontario.

Name (Please Print)

Signature