

ST MARY'S CHURCH, SIBU

FORM FOR BAPTISM

NAME – CHRISTIAN NAME: _____

SEX/RACE: _____/_____

DATE & PLACE OF BIRTH: _____/_____

HOME ADDRESS: _____

TEL / HP: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

NAME OF GOD PARENT: _____

DATE OF BAPTISM: _____

MINISTER'S NAME: _____

* PARENTS WHO PRESENT A BABY FOR BAPTISM MUST SHOW EITHER A CHURCH FAMILY REGISTER/
RECORD OR A CHURCH MARRIAGE CERTIFICATE & A PHOTOCOPY OF BIRTH CERTIFICATE.