



Anglican Parish of Gisborne Baptism Application

PO Box 325 Gisborne 3437
office@anglicanparishgisborne.org.au

Name of person to be Baptised

Christian Names: _____

Last Name _____

Gender: _____ Date of Birth: _____

Place of Birth _____

Proposed Date:	Centre:	Time:
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Parent Information

First Name _____

Last Name _____

Phone _____ Mobile _____

Email _____

Address _____

Denomination

First Name _____

Last Name _____

Phone _____ Mobile _____

Email _____

Address _____

Denomination

Godparent/Sponsor _____ Baptised Y/N

_____ Baptised Y/N

_____ Baptised Y/N

Received		BAPT DATE		CENTRE		TIME		CLERGY	
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