



Anglican Parish of Gisborne

Baptism Application

PO Box 325 Gisborne 3437
gisborneanglican@bigpond.com

Name of person to be Baptised:

Christian Names: _____

Last Name _____

Gender: _____ Date of Birth: _____

Place of Birth _____

Proposed Date: _____ Centre: _____ Time: _____

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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