

St John's Gordon – Baptism Form

(revised 07/02/2022)

Child's Full Name _____ Birthdate _____

Baptisms are held during the 9:30am Sunday service and are scheduled by the Rector
Kindly call the Church office at (02) 9498 2744 to discuss potential dates

Father's Full Name _____ Baptised? _____

Mother's Full Name _____ Baptised? _____

Father's Occupation _____

Mother's Occupation _____

Address _____

Contact Phone _____

Email(s) _____

Full Name of Godparents (please list all; on separate sheet/back of this form if needed)

_____ Baptised? _____

_____ Baptised? _____

Name of any other child(ren) in the family

_____ Birthdate _____ Baptised? _____

_____ Birthdate _____ Baptised? _____

_____ Birthdate _____ Baptised? _____

_____ Birthdate _____ Baptised? _____

I would like the livestream of the service to include images of my child(ren) during the baptism: Yes No

Declaration by Parents: In asking for baptism, I understand what is required of me as a parent of this child and I promise to do everything I can to keep those promises.

Signed: _____ Date: _____

Signed: _____ Date: _____

Please complete, scan and return this form to: office@stjohnsgordon.org.au

Date of baptism: _____ Rector's initials: _____