LUGAR BRAE UNITING CHURCH

BAPTISM REQUEST FORM

Requested Date for Baptism: _____ Service Time: 9:30AM

Please check the one that applies:

- ☐ Baptism for person(s) aged greater than 18 years
- ☐ Baptism for person(s) aged less than 18 years

Baptism details of person(s)

Full Name	Gender	Date of Birth	City/State of Birth

Parent(s)/Guardian(s) details for person(s) to be Baptised

Full Name _____

Full Name _____

Address(s): _____ _____

Email(s): _____ _____

Phone(s): _____ _____

Godparent(s) details for Baptism: Godparent(s) are Optional

Full Name _____ _____

Signature of Person(s) _____

Signature of Parent(s)/Guardian(s): _____

Office Use Only

Date of Baptism Approval:

Leader Assisting with Baptism:

Lugar Brae Uniting Church

2a Leichhardt St
Bronte NSW 2024

lugarbraeuc@gmail.com