

ST GEORGE'S CHURCH

Anglican Parish of Dunsborough



Corner Gibney Str & Naturaliste Tce

P O Box 417
Dunsborough
WA 6281

☎ 08 9756 8105

Rector:
The Revd Melusi Sibanda
Area Dean of Blackwood

anglicandunsborough@westnet.com.au



BAPTISM APPLICATION FORM

Please use Bold Print.

Part A: Details of Child to be Baptised

Full Name: _____

Date of Birth: _____

Part B: Details of Child's Parents

Mother

Surname: _____ First Name: _____

Street Address: _____

Town/City: _____ State: _____ Post Code: _____

Phone: _____

Email: _____

Baptised Yes ☐ No ☐ Year _____ Place _____

To which Parish/Church do you belong? _____

Father

Surname: _____ First Name: _____

Street Address: _____

Town/City: _____ State: _____ Post Code: _____

Phone: _____

Email: _____

Baptised Yes ☐ No ☐ Year _____ Place _____

To which Parish/Church do you belong? _____

Part C: Godparents

NB: It is usual to have two Godfathers and one Godmother for a male child and two Godmothers and one Godfather for a female Child. If godparents are not able to be present at the service, the parents of the child or some other person can act as proxy. Godparents must be Christians.

Surname: _____ First Name: _____

Baptised Yes ☐ No ☐ Year _____ Place _____

Signature of Godparent _____

Surname: _____ First Name: _____

Baptised Yes ☐ No ☐ Year _____ Place _____

Signature of Godparent _____

Surname: _____ First Name: _____

Baptised Yes ☐ No ☐ Year _____ Place _____

Signature of Godparent _____

Surname: _____ First Name: _____

Baptised Yes ☐ No ☐ Year _____ Place _____

Signature of Godparent _____

Part D: Parents' Signatures

Mother's Signature: _____ Fathers Signature: _____

The information you have provided will only be used by the Parish Office to process your application.