



**Blacktown
Regional
Uniting Church**

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OFFICE USE ONLY

Date received: ___/___/20___

Baptism Date: _____ Time: _____

Minister: _____

APPLICATION FOR BAPTISM FORM

DETAILS OF THE INTENDED

Family Name: _____ Christian Name(s) _____

Birth Date: _____ Place of Birth: _____ Age: _____

Sex: M F Preferred Baptism Date: _____
*You may also wish to provide a photograph to go with the service presentation,
 please include when returning this form, or at least two weeks prior to the ceremony.*

PARENTAL DETAILS

Mother's Name: _____ Mother's Maiden Name: _____

Father's Name: _____

Marital Status: Married DeFacto Single

Your Address: _____ Number of Guests: _____

Contact Number(s): _____

Email(s): _____

SIBLING(S) & GODPARENT(S)

Names Of Other Sibling(s)	Age	Baptised Y / N

Godparent Names: *(Godparents are optional)*

For an Adult's Baptism Participants may nominate a Sponsor: