

CHILD'S INFORMATION:

GOWER STREET UNITED CHURCH 99 Queens Road, St. John's, NL, A1C 6M6

Tel: 709-753-7286 Fax: 709-383-0145

e-mail: gsuc@nl.rogers.com web: www.gowerunited.ca

REQUEST FOR BAPTISM

Please note that baptisms are usually performed on the last Sunday of each month. Other dates would be at the discretion of the minister.

Full name:			
Date of birth:			
Birthplace:	(city)	(prov/state)	(country
Birth registered: yes _	no If yes:		
Where:	(city)	(prov/state)	(country)
PARENT # 1 - INFORM	MATION:		
Name (incl. family of orig	in name):		
Are you baptized? yes	_no Are	you confirmed? yes no	
Occupation:			
Do you participate in a c	ongregation of the Chris	tian Church? yes no	
If so which one?			
PARENT #2 - INFORM	IATION:		
Name (incl. family of orig	in name):		
Are you baptized? yes	_no Are	you confirmed? yes no	
Occupation:			
Do you participate in a c	ongregation of the Chris	tian Church? yes no	
If so which one?			
CONTACT INFORMA	TION:		
Mailing address:			
Tel:	(home)	(office)	(cell)
e-mail:			