



Baptism Form

Christchurch @ The College

Today's Date _____

Child's full name _____

Address _____ Phone _____

Date of birth _____ Place of birth _____

Father's name _____

Mother's name _____

Other siblings _____

Preferred date/s of Baptism _____

God Parents _____

Approximate No. of people attending _____

Date for Baptism prep (2nd Sunday of Month) _____

Office Use:

- € Register
- € Certificate
- € Service outlines

Minister: Mark Bonnici
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