

ADULT REQUEST FOR BAPTISM
Diocese of Frederickton

CANDIDATE

Full Name
Address and Phone
Parish Church
Place of Birth
Birth Date
Agreed Date of Baptism

MOTHER

Full Name			
Maiden Name			
Occupation or Profession			
Baptized?	Yes No	Confirmed?	Yes No

FATHER

Full Name			
Occupation or Profession			
Baptized?	Yes No	Confirmed?	Yes No

PRESENTER / SPONSORS *(Not absolutely required)*

Name and Address
Name and Address

Candidate's Request for Baptism

I desire the Sacrament of Holy Baptism and to begin to live the Christian Faith as a loyal member of the Church. I will co-operate with the parish church to this end and participate fully in preparation for the same.

Candidate's Signature _____

This form duly completed should be returned to the Rector as soon as possible.

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