

ACCRA RIDGE CHURCH (ANGLICAN) PUBLIC BAPTISM OF INFANTS

This form must be completed and handed to the Administrative Secretary at least TWO DAYS before Baptism.

1. Proposed Name of Child: _____

2. Date of Birth: _____ 3. Proposed Date of Baptism: _____

4. Parents' Names: i) Father: _____

ii) Mother: _____

5. Address: i) Postal: _____

ii) Residence: _____

6. Occupation of Parents: Father: _____

Mother: _____

Tel #.....

7. Name of Godparents: i) _____

ii) _____

iii) _____

- Two God Fathers and one God Mother are required for every male child and two Good Mothers and one God Father are required for every female child.
- God parents must be communicants of the Church.

8. Has Church Dues been paid? [] Yes [] No. _____

9. Bring one candle for each child to be baptized.

FOR OFFICIAL USE ONLY
(Please do not complete this section)

1. Date of Application: _____

2. Fee paid: _____ Date: _____ Receipt No.: _____

3. Date of Baptism: _____

4. No. in Baptismal Register: _____

5. Baptized by (Name of Minister): _____

6. Baptismal Certificate Collected by: Name: _____

Signature: _____ Date: _____

