

ACCRA RIDGE CHURCH

PUBLIC BAPTISM OF INFANTS (PRESBYTERIAN/METHODIST)

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: _____

7. Denomination of parents: Father: _____

Mother: _____

8. Name of Godparents: i) _____

ii) _____

iii) _____

• Telephone # of Parents. _____

• Godparents must be communicants of the Church.

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

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: _____

