St Mark's Anglican Church Casino

85 Walker Street
PO Box 71 Casino NSW 2470
Ph 02 66621018
Email office@casinoanglicanchurch.org

Child to be Baptised	
Full Name of Child:	Date of Birth**:**
Preferred Date of Baptism **(Please give two dates):**	Centre:
/ / or / /	
Parents	
Full name of father:	Full name of mother:
Address:	Address:
Phone – mobile:	Phone – mobile:
Denomination:	Denomination:
Baptised Confirmed	Baptised Confirmed
Occupation:	Occupation:
Godparents *(full names preferred)*	
1 :	Denomination: Baptised
2:	Denomination: Baptised
3:	Denomination: Baptised
4:	Denomination: Baptised