

Baptism Form

PARENTS – please complete form and email back to the office
holytrinity.wgtn@xtra.co.nz or give to the priest at your appointment.

Please print:

Child's Name

Surname

Christian Names

Date of Birth

Place of Birth

Address

Phone

(HM)

(MOB)

Email

Father's Full Name

Father's Religion

Mother's Full Name

Mother's Religion

Mother's Maiden Name

Date of Baptism

Time of Baptism

Church

Priest

Godfather's Name

Godmother's Name

Name(s) of Proxies