

*The Ancient Church  
of the East*



ܩܘܪܕܝܢܐ ܕܩܝܡܝܐ  
ܕܩܝܡܝܐ

## ***Baptism Registration Form***

**BAPTISM DATE** \_\_\_\_\_

**SURNAME** \_\_\_\_\_

**CHILD'S NAME** \_\_\_\_\_

**FATHER NAME** \_\_\_\_\_

**MOTHER NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **Postcode ( )** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

**SEX**  **MALE**  **FEMALE**

**DATE OF BIRTH** \_\_\_\_\_

**PLACE OF BIRTH** \_\_\_\_\_ **Postcode ( )** \_\_\_\_\_

**GOD FATHER** \_\_\_\_\_

**GOD MOTHER** \_\_\_\_\_

**Do you accept that your information to be released to people outside this office?**  **No**  **Yes**

**SIGNATURES:** \_\_\_\_\_

Office Use Only	
Date _____	Record Number _____
Processed By _____	Signature _____