

BAPTISM BOOKING FORM

DATE OF BAPTISM: _____

FULL NAME: _____

SEX: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

NAME OF FATHER: _____

NAME OF MOTHER: _____

PARENT'S ADDRESS: _____

H: _____

W: _____

M: _____

EMAIL: _____

Any information you supply to St Michael's is protected by our Privacy Policy.
Please note a permanent entry of your child's baptism is kept in our records.

We also may contact you about other events at St Michael's.

If you would prefer not to be contacted in the future, please ring the office

Ph: 9654 5120 or Email: office@stmichaels.org.au

Please complete this form and return it to:

St Michael's Uniting Church
120 Collins Street Melbourne 3000.
Telephone: 9654 5120
Fax: 9650 3863
Email: office@stmichaels.org.au
Website: www.stmichaels.org.au