



5 WALE STREET
CAPE TOWN 8001

TELEPHONE: 021 424 7360

FAX: 021 424 9772

EMAIL:
reception@sgcathedral.co.za

APPLICATION FOR BAPTISM

Date: _____

APPLICATION FOR BAPTISM

I/we wish my/our child to be baptised at St. George's Cathedral,
and accept the following requirement:

I/we am a/are worshipping members at the Cathedral,
and my/our name(s) has/have been on the Parish Roll for the past six months.

**I/we will attend the four instruction sessions in preparation for my/our
child's baptism.**

SIGNED _____
Parent:

SIGNED _____
Parent:

Name of Child: _____

Date of Birth: _____

Full Name of Parent: _____

Including Surname

Address: _____

Telephone: Home: _____ Work: _____

Mobile: _____

Email: _____

Full Name of Parent: _____
Including Surname
Address _____

Telephone: Home: _____ Work: _____
Mobile: _____
Email: _____

Date of Membership and Registration in Parish Roll: _____

Name of Previous Parish/s:

Name(s) of Godparent(s):

Name: _____ Church: _____

Are you confirmed: _____

Name: _____ Church: _____

Are you confirmed: _____

Name: _____ Church: _____

Are you confirmed: _____

Accepted for Baptism on: _____

Signed for the Cathedral: _____