



BAPTISMAL REGISTER INFORMATION

(Fill out form and return to MCC Toronto as soon as possible. Please print.)

NAME: _____
(LAST) (FIRST) (MIDDLE)

NAME TO BE USED DURING SERVICE _____

PLACE OF BIRTH: _____ **DATE OF BIRTH:** _____
(MTH/DAY/YR)

GENDER: MALE FEMALE **AGE:** _____

ADDRESS: _____

TELEPHONE: _____

CONTACT PERSON (if other than above): _____

DATE REQUESTED (baptisms take place on Sundays at the 9am service): _____

PARENTS: _____
(LAST) (FIRST) (MIDDLE)

(LAST) (FIRST) (MIDDLE)

(PLEASE USE FAMILY BIRTH NAMES WHERE POSSIBLE)

SPONSORS / GODPARENTS (not required if adult Baptism):

(LAST) (FIRST) (MIDDLE)

(LAST) (FIRST) (MIDDLE)