



# GRACE ANGLICAN CHURCH

4 Pearl Street, Brantford ON,  
519-752-6814



## APPLICATION FOR CHRISTIAN BAPTISM

Date of Baptism: \_\_\_\_\_ (to be completed by clergy)

Candidate's Full Name: \_\_\_\_\_

Candidate's Birth Date: \_\_\_\_\_ Age at Baptism: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Family Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone number(s): home \_\_\_\_\_ work \_\_\_\_\_

If the **Candidate is an Adult**: Adults do not require sponsors but may choose to have them if they prefer.

Name of Sponsor(s) \_\_\_\_\_ Baptized? \_\_\_\_\_ Confirmed? \_\_\_\_\_

\_\_\_\_\_ Baptized? \_\_\_\_\_ Confirmed? \_\_\_\_\_

### **If the Candidate is an Infant or Child:**

Mother's Full Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Baptized? \_\_\_\_\_ Confirmed? \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Baptized? \_\_\_\_\_ Confirmed? \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Names and Birth Dates of Siblings: \_\_\_\_\_

\_\_\_\_\_

Name of Godparents(s) \_\_\_\_\_ Baptized? \_\_\_\_\_ Confirmed? \_\_\_\_\_

\_\_\_\_\_ Baptized? \_\_\_\_\_ Confirmed? \_\_\_\_\_

Are the Godparents practicing and communicant Christians? \_\_\_\_\_

# APPLICATION FOR HOLY BAPTISM

I/We desire to have this child become a member of the Christian Church through the Sacrament of Holy Baptism, according to the rites of the Anglican Church of Canada.

I/We understand that the baptism of an infant is a privilege extended to parents who are practicing Christians.

I/We will prepare ourselves for this Sacrament and promise, with God's help, that:

**This child will be brought up to lead a Christian life**

**This child, from an early age, will be brought by us to take part in the public worship and community life of the Church**

**This child will be taught through Church School and/or other ways the fundamentals of the Christian faith as taught by the Anglican Church of Canada**

**This child will, by our example, be taught to pray**

**This child will be prepared to become a regular communicant**

\_\_\_\_\_ I/We are already members of Grace Anglican Church,

OR

\_\_\_\_\_ I/We agree to become members of Grace Anglican Church and will faithfully uphold its ministry in prayer and with volunteer and/or financial support of its ministries.

\_\_\_\_\_ I/We understand that attendance at at least three Sunday worship services prior to the baptism is a requirement.

\_\_\_\_\_ I/We promise to attend any preparation classes or meetings with the minister needed for the baptism.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Please Note:

- When available, preparation classes are open to both parents, Godparents and sponsors
- Please do not bring any children or infants to these classes as these classes are adult education classes and need your full attention
- Thank you for your consideration

*If you have any further questions, please do not hesitate to call the church offices at 519-752-6814*