**Register Number:** …….…….

**BAPTISM FORM**

The Pro Cathedral of Holy Trinity Brussels

Rue Capitaine Crespel 29, 1050 Ixelles

Tel: 02 511 7183 Email: [admin@holytrinity.be](mailto:admin@holytrinity.be)

United Anglican Church IBAN : IBAN: BE43 3630 8628 7301

Date of birth: ……………………………… Place of birth: ………………………………………………

Date of Baptism: ……………………………………………………………………………………………

Christian names: ………………………………………………………………………Sex………………..

Surname: …………………………………………………………………………………………………….

Father’s full name: …………………………………………………………………………………………..

Mother’s full name: ………………………………………………………………………………………….

Father’s occupation: …………………………………………………………………………………………

Mother’s occupation: ………………………………………………………………………………………..

Address: ……………………………………………………………………………………………………..

………………………………………………………………………………………………………………..

Tel. (home) ……………………………… Tel. (office) ………………………………………………….

Mobile: …………………………… E-mail: ……………………………………@ ………………………

For children, names of brothers and sisters: ………………………………………………………………

Godparents’ full names: *(Godparents must be baptised. Traditionally, there are 2 Godfathers and 1 Godmother for a boy, and 2 Godmothers and 1 Godfather for a girl)*

……………………………………………………………………………………………………………..

………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………..

Officiating Minister: ………………………………………………………………………...

*There is no fee for a baptism, but we are grateful for any offering you should wish to make.*

Number of family and friends attending Baptism ……………… Any disabled: Yes / No