



ROMAN CATHOLIC CHURCH

ST. BONIFACE PARISH –
PIONIERSPARK
FORSYTHE STREET 31
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ST BONIFACE BAPTISM FORM

DATE.....

PARTUCULARS OF CHILD

SURNAME:.....

NAMES.....

D.O.B..... SEX; M..... F PLACE OF

BIRTH.....

FATHER

SURNAME:.....

NAME:.....

ADDRESS:.....

RELIGION:..... CELL:

MOTHER

SURNAME.....

NAME:.....

ADDRESS:.....

RELIGION:..... CELL:

GODPARENTS

GODFATHER FULLNAMES:.....

GODMOTHER FULLNAMES:.....

NB:PLEASE ATTACH THE FOLLOWING COPIES

1.FULL BIRTH CERTIFICATE OF THE CHILD

2.BAPTISM CARDS OF PARENTS AND GODPARENTS (IF NOT FROM OUR PARISH A LETTER)