



**CHURCH OF ST IGNATIUS
ADULT BAPTISM REGISTRATION**

(Please complete the form clearly & legibly)

Proposed Date of Baptism: _____

Name: _____

Baptismal Name: _____

Name of Father: _____ Religion: _____

Name of Mother: _____ Religion: _____

Address: _____ S()

Home Tel: _____ Handphone No.: _____

Email: _____

Country of Birth: _____ Date of Birth: _____

Gender: Male/Female

Name of Godfather/
Sponsor : _____ Religion: _____

Name of Godmother/
Sponsor : _____ Religion: _____

(Note: One Catholic Godparent is required)

Minister: _____

If Married: Name of Spouse: _____

Date of Marriage: _____

Venue of marriage : _____