

# DIOCESE OF LAGOS

(ANGLICAN COMMUNION)

## OUR SAVIOUR'S CHURCH, TBS, LAGOS

### APPLICATION FOR BAPTISM OF A CHILD

PASSPORT  
PHOTOGRAPH  
OF PARENTS

#### PERSONAL DETAILS

1. NAME OF CHILD:.....  
(SURNAME FIRST, IN CAPITALS) OTHER NAMES
2. DATE OF BIRTH:.....SEX: .....
3. FATHER'S FULL NAME:.....
4. OCCUPATION:..... PHONE NUMBER.....
5. MOTHER'S FULL NAME:.....
6. OCCUPATION:..... PHONE NUMBER.....
7. RESIDENTIAL ADDRESS:.....

.....  
**Annual Church Dues of minimum of ₦5,000 per individual/Class Fee Payment receipt Number for the last two (2) years:**

**Last Year: \_\_\_\_\_ This Year: \_\_\_\_\_.** If you are yet to make payment for this year, kindly make payment into OUR SAVIOUR'S CHURCH, TBS, LAGOS (1012760579 Zenith Bank). Evidence of payment must be attached to this form at submission.

#### DETAILS OF GOD PARENTS

*(it is required that a male infant, to be baptized, should have two Godfathers and one Godmother, while a female infant is to have two Godmothers and one Godfather)*

NAME:.....  
(SURNAME FIRST, IN CAPITALS) OTHER NAMES

ADDRESS:.....

NAME:.....

ADDRESS:.....

NAME:.....

ADDRESS:.....

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**Baptism holds every 1st Saturday of the Month. Preparatory and counselling class for same is on Friday at 6:00pm. Sponsors/God parents must have been baptized and must attend the Counselling class via zoom. Link shall be sent.**

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**Name of Parent**

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**Signature of Parent**

.....  
**Date**