## **DIOCESE OF LAGOS**

(ANGLICAN COMMUNION)

## **OUR SAVIOUR'S CHURCH, TBS, LAGOS**

## APPLICATION FOR BAPTISM OF AN ADULT

PASSPORT PHOTOGRAPH

## PERSONAL DETAILS

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

2. DATE OF BIRTH:.....SEX: .....

3. OCCUPATION: PHONE NUMBER	3.	OCCUPATION:	PHONE NUMBER
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4.	RESIDENTIAL	ADDRESS:	
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- 5. FATHER'S FULL NAME:.....
- 6. MOTHER'S FULL NAME:.....

Annual Church Dues of minimum of N5,000 per individual/Class Fee Payment receipt Number for the last two (2) years:

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

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

Name of Parent

Signature of Parent

Date