

Baptism Gracepoint

PLEASE COMPLETE IN FULL
THIS INFORMATION WILL APPEAR ON THE BAPTISM CERTIFICATE:

Name:	
Boy/Girl:	
Date of Birth:	
Born at :	
Parents – Father:	
Mother:	
Godparents:	

CONTACT DETAILS:

Home Telephone:	
Cell Number:	
Email Address:	

FAITH REFLECTION

Are you a member at LMC?	
Do you Worship at LMC? How long? Date you commenced worshipping at LMC.	
Why do you want to Baptise your baby?	
Briefly reflect on your experience of faith and how your faith will impact on your child's development and offer synpost to his/her spiritual and life formation	
How will you provide a Christian home for your child?	
How will you endeavor so to order your lives that nothing will be allowed to hinder your child from following Christ?	
How will you do all you can to ensure that your child attends Children's Church and is given every encouragement to later enter full membership of the Church on personal confession of faith in Jesus Christ?	

OFFICE USE ONLY:

BAPTISM APPOINTMENT:	
DATE OF BAPTISM:	
TIME:	LMC 7 .45 AM SERVICE

Return to: kim@lonehill.org / Fax: 086 509 7700 / (011) 234 1612 / Tel: (011) 807 8350