

ST. MICHAEL'S CATHOLIC CHURCH, SHARJAH

P. O. BOX 1745, SHARJAH. TEL-06-5662424/5662049 FAX-06-5663324

BAPTISM FORM

(FORM TO BE FILLED IN BLOCK LETTERS ONLY)

Nationality : _____ **Sex:** _____ **No:** _____

Date of Baptism: _____ **Date of Birth** _____

Child's Christian Name: _____ **Surname** _____

Father's Name: _____ **Domicile** _____

Mother's Name: _____ **Domicile** _____

God Father's Name: _____ **Domicile** _____

God Mother's Name: _____ **Domicile** _____

Remarks : _____

Telephone Number : _____

BAPTISM EVERY THURSDAY AT 5.00 PM