

BAPLINK ID FORM

Full name (please print)	<input type="text"/>	
Address	<input type="text"/>	
Date of birth	<input type="text"/>	
Email address	<input type="text"/>	
Signature	<input type="text"/>	Daytime contact phone <input type="text"/>

ID REQUIREMENTS SELECT OPTION 1 OR OPTION 2

Option 1 - Identification (must have a photo)

<input type="checkbox"/> Drivers Licence Number	<input type="checkbox"/> Passport	<input type="checkbox"/> Australian Student ID Card
Document number	<input type="text"/>	
Date of issue	<input type="text"/>	
Date of expiry	<input type="text"/>	
Place of issue	<input type="text"/>	

Option 2 - Identification (doesn't have a photo)

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Citizenship Certificate	<input type="checkbox"/> Pension/Concession/Healthcare Card
Document number	<input type="text"/>	
Date of issue	<input type="text"/>	
Date of expiry	<input type="text"/>	
Place of issue	<input type="text"/>	

Plus one of these

Rates / Phone / Electricity / Water Bill	Debit / Credit Card	Medicare Card
Document number	Card number	Card number
Issue date	Expiry date	Expiry date

CERTIFIERS DECLARATION

Declaration: I can confirm identification for the above mentioned person matches the details on this form.

<input type="checkbox"/> Pastor Registered with the Baptist Union of Queensland	<input type="checkbox"/> Justice of the Peace
<input type="checkbox"/> Commissioner for Declarations	<input type="checkbox"/> A Baplink Staff Member
Full name <input type="text"/>	Signature (Certifier) <input type="text"/>
Daytime phone <input type="text"/>	
Registration number (if applicable) <input type="text"/>	



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