

Please complete and return this form. This information is needed to arrange the service and to complete the Baptism Register that is kept in each church.

Place of Baptism.....

When would you like the Baptism to take place?

Month.....

During the main service After the main service

Surname of person to be Baptised:-

.....

Christian names of person to be Baptised:-

.....

Male Female Date of Birth:-.....

Your address:-

.....

Post Code.....email.....

Telephone number.....

Form completed by:-.....

Number of people in the Baptism party:-.....

Date.....

For Infant Baptism:-

Father's full name:-.....

Occupation:-.....

Have you been baptised? Confirmed?

Mother's full name:-.....

Occupation:-.....

Have you been baptised? Confirmed?

Please give names (title, one forename and surname of three Godparents:-

1).....

.....

Has he/she been baptised? Confirmed?

2).....

.....

Has he/she been baptised? Confirmed?

3).....

.....

Has he/she been baptised? Confirmed?