



Application for Baptism



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|--|--|--|
| Child's date of birth | | |
| Preferred date for baptism | | Number attending (approx) |
| Child's Christian name(s) and SURNAME | | |
| Father's Christian name(s) and SURNAME | | TICK if baptized? <input type="checkbox"/> confirmed? <input type="checkbox"/> |
| Mother's Christian name(s) and SURNAME | | TICK if baptized? <input type="checkbox"/> confirmed? <input type="checkbox"/> |
| Address including postcode | | |
| Telephone | | |
| Email | | |
| Father's occupation | | |
| Mother's occupation | | |

| Names of godparents (Mr/Mrs/Miss/Ms/title, one Christian name in full & SURNAME) | | |
|--|--|--|
| 1 | | TICK if baptized? <input type="checkbox"/> confirmed? <input type="checkbox"/> |
| 2 | | TICK if baptized? <input type="checkbox"/> confirmed? <input type="checkbox"/> |
| 3 | | TICK if baptized? <input type="checkbox"/> confirmed? <input type="checkbox"/> |
| | <i>additional godparents (continue on separate sheet if necessary)</i> | TICK if baptized? <input type="checkbox"/> confirmed? <input type="checkbox"/> |
| | | TICK if baptized? <input type="checkbox"/> confirmed? <input type="checkbox"/> |
| | | TICK if baptized? <input type="checkbox"/> confirmed? <input type="checkbox"/> |

¶ This form should be returned to church, in person or by post, as soon as possible.
You will then be contacted to confirm the booking, and to arrange a preparatory meeting.

Canon Michael Ainsworth (Rector)

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