**BAPTISM APPLICATION FORM**

Date of Application………………………………………………….

CHILD’S FIRST NAME…………………………………………..SURNAME…………………………………………………

Date of Birth…………………………….. Gender: Boy/Girl (choose as appropriate)

FARTHER’S FULL NAME………………………………………………………………………………………………………………….

Occupation……………………………………………………………..

Baptised?......................................................Confirmed?.................................................................

Home Address……………………………………………………………………………………………………………………………………

Postcode……………………… Tel/Mobile…………………………………………………...

Email Address………………………………………………………………………………………………………………………………

MOTHER’S FULL NAME…………………………………………………………………………………………………………………

Occupation……………………………………………………………..

Baptised?......................................................Confirmed?.................................................................

Home Address………………………………………………………………………………………………………………………………..

Postcode……………………… Tel/Mobile…………………………………………………..

Email Address………………………………………………………………………………………………………………………………

Church Associated with or Attending (if any)…………………………………………………………………………………….

NAMES OF GODPARENTS (*who must be baptised Christians*)

 Baptised Confirmed

………………………………………………………………………………………….. Y/N Y/N

………………………………………………………………………………………….. Y/N Y/N

………………………………………………………………………………………….. Y/N Y/N

…………………………………………………………………………………………… Y/N Y/N

PROPOSED BAPTISM DATE……………………………………….. TIME……………………………

**NOTES**: Date of Baptism will only be confirmed after conversation with the Vicar