

APPLICATION for BAPTISM/THANKSGIVING & NAMING*

St. Andrew's Alwalton & St. Michael's Chesterton

Please fill in all the white boxes, printing your information and sign at the bottom

*Delete as appropriate

Full name of the person to be baptised			
Date of birth of the person to be baptised	_ _ / _ _ / _ _ _ _		
When & where would like the baptism to take place	Church	Date _ _ / _ _ / _ _	Time
Father's full name			
Father's occupation			
Have you been	baptised <input type="checkbox"/> confirmed <input type="checkbox"/>		
Mother's full name			
Mother's occupation			
Have you been	baptised <input type="checkbox"/> confirmed <input type="checkbox"/>		
Address Including Post Code			
Telephone Home			
Work			
Mobile			
Email			
God Parents	Full Names		
Have they been baptised <input type="checkbox"/> confirmed <input type="checkbox"/>	1.		
baptised <input type="checkbox"/> confirmed <input type="checkbox"/>	2.		
baptised <input type="checkbox"/> confirmed <input type="checkbox"/>	3.		

Signed: _____ Date: _____

Signed: _____ Date _____