

ALL SAINTS ANGLICAN CHURCH, PETERSHAM

APPLICATION FOR BAPTISM

(PLEASE PRINT)

We apply for the baptism of our son/daughter:

Surname of child:.....

Christian names:.....

Date of birth:

Parents' full names:

Father:

Mother:

Address:

..... Postcode:.....

Telephone:

Email:

Occupation of father:

Occupation of mother:

Names and date of birth of siblings

..... D.O.B.

..... D.O.B.

..... D.O.B.

Godparents: (Full names - signatures NOT required)

.....

.....

Date & Time of Baptism:

.....

We undertake by God's grace to bring our child up in the Christian faith according to the teaching of the Bible and that he/she will be prepared for Confirmation at the appropriate time.

Signatures of Parents

.....

Date: