

BAPTISM BOOKING FORM

Child's full name	
Date of birth	
Desired Date of baptism	
Place of baptism	
Father's full name	
Mother's full name	
Home address	
Telephone number	
Email address	
Father's occupation	
Mother's occupation	
Child's brothers and sisters (if any)	
Favourite hymn(s)	
Approximate number of guests	
Full name and address of Godparent 1 <i>N.B. Godparents must be Baptised (Christened)</i>	
Full name and address of Godparent 2	
Full name and address of Godparent 3	
Full name and address of Godparent 4	

Declaration

We confirm that the above details are correct and that we will do our best to fulfil the promises we will make at the Baptism Service. We also confirm that the Godparents named above have been Baptised (Christened).

Father _____ Mother _____ Date _____