

St. Michael & All Angels Church

APPLICATION FOR HOLY BAPTISM

Surname of child:

Christian names of child:

Date of birth:

Name in full of father:

Occupation:

Name in full of mother:

Occupation:

ADDRESS:

Telephone:

Email:

Both parents should be baptised members of the Christian church and all Godparents **MUST** be baptised members of the church. One should be confirmed. **Three godparents are the traditional number.**

Names of Godparents

1.

2.

3.

PROPOSED DATE OF BAPTISM:

TO CONFIRM THE BAPTISM OF YOUR CHILD, PLEASE RETURN THIS FORM BY.....

The baptism takes place as part of the Sunday Parish Eucharist which lasts about one hour.

The Eucharist is celebrated at 10.00am at St. Michael's.

We welcome communicant members of any part of the Christian church to receive the Eucharist with us.

Signed Mother

Signed Father

The information given on this form will be used to fill in the baptism register and will be put on our database so that we can inform you and your family of any church events which may be of interest.