

St Mary's Church Stoke D'Abernon

BAPTISM REQUEST FORM

Date of enquiry:

Name:

Phone no:

Enquiry taken by:

Passed to:

Date:

Notes:

Full Name of Candidate:

Date of Birth:

Req. date of Baptism:

Father's Full Name

Mother's Full Name

Father's Occupation

Mother's Occupation

Address:

Phone number:

Email address:

May we add your name to our mailing list?

Godparents:

Are all the Godparents baptised themselves?

Baptism preparation date:

Siblings: