

Baby Baptism Form

Baby	*	Girl/Boy	Date of Enquiry
Mum	*	*	*
Dad	*		
Address	*	DOB	
	*	*	
Postcode	*		
Dad's Profession	*	Number of Guests	Date of Baptism
Phone:	*	*	
Email	*		
	Name	Address	Baptised Y/N
Godparent 1			
Godparent 2			
Godparent 3			
Godparent 4			

Please email this form to vicar@stjamesnewchapel.co.uk

