



Baptism/Thanksgiving for _____ Family

Date:

Time:

Estimated No. Guests:

Adults

Children

CANDIDATE Forenames:

Surname:

Date of Birth:

Address:

Phone No:

Email:

Name and ages of sibling(s):

PARENTS *(Please give full name)*

Please delete as appropriate

Father:

Baptised: Yes / No

Occupation:

Confirmed: Yes / No

Mother:

Baptised: Yes / No

Occupation:

Confirmed: Yes / No

GODPARENTS

**Please put a ✓ in the relevant column*

Name(s)

Baptised*

Confirmed*

OFFICIAL USE ONLY

Sidesperson(s) _____

Preparation by:

Initial Contact _____

Date of Prep Meeting(s) _____