



Baptism/Thanksgiving Service for _____ Family

Date:

Time:

Estimated No. of Guests:

Adults

Children

CANDIDATE Forenames:

Surname:

Date of Birth:

Address:

Phone No.

Email:

Name and age 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

St Helen's and St Peter's churches would like to keep in touch with Parish news, services and events. The information you give on this form will be shared responsibly within the Ministerial Team and Parish Officers for this purpose.

Your privacy is important to us. You can find out more about how we use your data from our 'Privacy Notice' which is available from our website or the Parish Office. You can change or withdraw your consent at any time by contacting our administrator at the Parish Office, St Helen's Church, High Street, Wheathampstead, St Albans, AL4 8AA, 01582 834031 or email office@sth-stp.org. Please note that all processing of your personal data will cease once you have withdrawn consent, other than where this is required by law, but this will not affect any personal data that has already been processed prior to this point.