

# Application for Baptism

Date, place and time of Baptism

Name of Child/person to be baptised

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Date of Birth

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Mother's Name

Occupation

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Father's Name

Occupation

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Address

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Godparents details (God parents must have been baptised)

1/Name : \_\_\_\_\_

Address: \_\_\_\_\_

2/Name: \_\_\_\_\_

Address: \_\_\_\_\_

3/Name: \_\_\_\_\_

Address: \_\_\_\_\_

Please return the form to  
The Revd Sue Faulkner  
St Michael's Vicarage  
24a High Street  
Silverstone  
NN12 8US