

CHILD APPLICATION FORM

Child's First Name(s)

Surname

Date of Birth

Sibling/s and age/s

Parents' Names

Address

Post code

Name of Chambers (if applicable)

Address

Post code

Home Telephone Number

Work Telephone Number

Mobile Telephone Number

Email

Preferred Date of Baptism
(Subject to discussion with the Church)

Preferred Time of Baptism
(Subject to discussion with the Church)

Names of Godparents