

**Baptism Initial Enquiry Form. (Child Baptism)**

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| --- | --- | --- |
| Full Name of Child |  | |
| Date of Birth |  | |
| Full Name of Father |  | |
| Occupation of Father |  | |
| Full Name of Mother |  | |
| Occupation of Mother |  | |
| Address |  | |
| E: | | T: |
| Godparent 1 |  | |
| Godparent 2 |  | |
| Godparent 3 |  | |
| Other Information |  | |

Please complete and send to our Administrator at [admin@allsaintsnettleham.co.uk](mailto:admin@allsaintsnettleham.co.uk)

Contact us on 01522 931076 if you haven’t had a reply in 7 days.