

**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

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