



Baptism Application Form

Candidate for Baptism (Child or Adult)	
Surname:	Address:
Christian Names:	
Date of birth:	Postcode:
Phone:	*Parish of Residence: [*You can check this at www.achurchnearyou.com . If you are NOT resident in the parish of All Saints' Springfield, please inform your parish priest] Parish Priest Informed? YES NO
Mobile:	
Email:	
Parents (when a child is being baptised)	
Father Full Name:	Occupation: Baptised and/or Confirmed: YES NO
Mother Full Name:	Occupation: Baptised and/or Confirmed: YES NO
Other Children	
1. Name:	Date of Birth:
2. Name:	Date of Birth:
3. Name:	Date of Birth:
Godparents (when a child is being baptised)	
1. Full Name:	Baptised and/or Confirmed: YES NO
2. Full Name:	Baptised and/or Confirmed: YES NO
Application signed by parent / candidate	
Signature:	Date:
Baptism Service	
Preparation completed on:	With:
Officiant:	Music:
Date of Service:	Bible Reading:
Time:	Number of guests expected: