

**BAPTISM IN THE PARISH OF
All Saints Church, Staplehurst**

Baptism visitor:
Date of meeting:

Please return form to: The Parish Office @ The New Rectory, High Street, Staplehurst, Kent, TN12 0BJ

(please tick) Time: 10.00 a.m. Main Church Service or
 12 noon

THE BAPTISM DATE: _____ Expected no. of guests: _____

Baptism Candidate details

NAME (s): _____ Date of birth: _____

SURNAME: _____

THE FAMILY Full names

Occupations:

PARENT _____
Have you been baptised? Have you been confirmed?

Occupations:

PARENT _____
Have you been baptised? Have you been confirmed?

Address: _____ Phone: _____

E-mail: _____ Mobile Phone: _____

Brothers, sisters and ages:

THE GODPARENTS (must have been baptised)

Names and telephone or e-mail contact

1 -----

2 -----

3 -----

Please continue overleaf if you have more God parents.

Service details

Type of Service: Morning _____ Afternoon _____

Reading(s): _____

Poems: _____

Prayers: _____

Items for morning service only

Organist: _____ Date informed: _____

Hymn: _____

Choir: _____ Date informed: _____

NOTES

Has your child any special needs we must be aware of?

Special requirements (i.e. Wheelchair)