

**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
Or email to allsaintsstaplehurst@enterprise.net

(please tick) Time: 11.00 a.m. (Saturdays only)

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

4

Please continue overleaf if you have more God parents.

NOTES

Service details

Type of Service: Morning _____ Afternoon _____

Reading(s): _____

Poems: _____

Prayers: _____

Items for morning service only

Organist: _____ Date informed: _____

Hymn: _____

Choir: _____ Date informed: _____

Baptism Certificate £15.00
Would you like a Baptism certificate?

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

Special requirements (i.e. Wheelchair)