

Please return this form to
 baptism Co-coordinator
 St James Centre Beauchamp Lane OX43LF
 baptisms@cowleytaemministry.co.uk

Application for Baptism

Date of Birth		Date of preparation meeting		Place of Baptism	
Child					
		Proposed Christian name/s		Surname	
Parents					
	Full Christian name/s	Surname	Occupation	Have you been:	
				Baptised	Confirmed
Father				Yes/no	Yes/no
Mother				Yes/no	Yes/no
Full Address				Telephone number	
If we are able what hymns/songs might you like?			Likely number of Guests	Email address	
God Parents (Please state Mr Mrs etc)					
	Full Christian name/s	Surname	Address	Have you been:	
				Baptised	Confirmed
1				Yes/no	Yes/no
2				Yes/no	Yes/no
3				Yes/no	Yes/no

The date for the baptism will be fixed following discussion with the clergyperson concerned;

For office use
 Date of baptism: