

APPLICATION FOR INFANT BAPTISM SAINT JOHN THE BAPTIST, ROWLANDS CASTLE

BAPTISM CANDIDATE:	
Date of Birth:	
Christian Names (s):	
Surname	

PREFERRED DATE OF BAPTISM SERVICE:

PARENTS' DETAILS			
Father's Full Name			
Occupation			
Baptised?	*YES/NO	Confirmed?	*YES/NO
Mother's Full Name			
Occupation			
Baptised?	*YES/NO	Confirmed?	*YES/NO
Address:			
Contact Details:	Home Tel No:		
	Mobile Tel No:		
	Email:		

GODPARENTS (All three must be baptised)			
Godparent 1 Full Name:			
Baptised?	*YES/NO	Confirmed?	*YES/NO
Godparent 2 Full Name:			
Baptised?	*YES/NO	Confirmed?	*YES/NO
Godparent 3 Full Name:			
Baptised?	*YES/NO	Confirmed?	*YES/NO

BAPTISM SERVICE	
Preferred Date?	
Expected no. of guests?	
Which is your parish church?	
Chosen Charity?	
Chosen Hymn?	
Hire of Church Centre?	
NOTES:	
DECLARATION:	
I would like my child to be baptised and promise to do my best to follow the teachings and faith of the Christian Church.	
Father:
Mother:
Date:

At Saint John's we would like to keep in touch with you about our Services, events, and children's activities that you may enjoy. Do you consent to your data being held for this additional purpose? Yes / No

General Data Protection Regulations May 2018
 For the purpose of the Data Protection Act, the data controllers are the Church Wardens of the parish, who will only share the information with those who need to see it for those purposes. I understand that this information will be retained in an electronic and/or manual file in accordance with current data protection legislation.