



APPLICATION FOR INFANT BAPTISM
ST. JOHN THE BAPTIST, ROWLANDS CASTLE

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

PREFERRED DATE OF BAPTISM SERVICE:

PARENT 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	
Expected no. of guests?	
Which is your Parish Church?	
Chosen Charity?	
Chosen Hymn?	
NOTES:	
<p>DECLARATION:</p> <p>I would like my child baptised and promise to do my best to follow the teachings and faith of the Christian Church.</p> <p>Father:</p> <p>Mother:</p> <p>Date:</p>	
<p>At St. Johns we would like to keep in touch with you for the next two years 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</p>	
<p>General Data Protection Regulations May 2018</p> <p>For the purpose of the Data Protection Act, the data controller is the Incumbent of St. John the Baptist Church, Rowlands Castle, who will only share the information with those who need to see it for those purposes.</p> <p>I understand that this information will be retained in an electronic and/or manual file in accordance with current data protection legislation.</p>	