

# INFANT BAPTISM BOOKING FORM

## PRESENTATION *(office use only)*

PLACE .....

DATE .....

TIME .....

CELEBRANT .....



## PROPOSED PLACE/TIME OF BAPTISM

CHURCH .....

DATE .....

TIME .....

CELEBRANT .....

Is this child your first to receive baptism? YES  NO

NAME OF CHILD .....

DATE OF BIRTH .....

FATHER'S FULL NAME .....

FATHER'S RELIGION .....

MOTHER'S FULL NAME .....

(MAIDEN/BIRTH NAME) .....

MOTHER'S RELIGION .....

ADDRESS .....

TELEPHONE/S .....

EMAIL/S .....

GODPARENT .....

GODPARENT .....

