

## Application Booking Form for Baptism

Date and time you would like the Baptism to take place	
Please tick box (or underline) as to which Church it will be in <input type="checkbox"/> St. Mary's, PZ <input type="checkbox"/> St. John's, PZ <input type="checkbox"/> St. Peter's, Newlyn <input type="checkbox"/> St. Pol de Leon, Paul	
Child's Christian Name(s) and Surname	
Child's Date of Birth and place	
Home Address	
Tel. No.  Mob. No.	Email address
Father's Christian Name(s) and Surname	Occupation (Father)
Mather's Christian Name(s) and Surname	Occupation (Mather)
Names of Godparents	
Date of Birth, Names, and School of Siblings	

A few sentences about the child and family that can be read out when we introduce the child at the Baptism service

Is there a song / hymn or piece of music that you would like?

Is there anyone you would like to especially mention in the prayers?

Would you like photos of your family and child(ren) playing on a loop at the Christening? (if available)

If you are not baptized, would you like to be baptized at the same time as your child?

I give permission for my data to be stored and shared with church officers and core staff in the cluster churches and the diocese for a period of up to 3 years

Yes  No

**Names and Signatures (2)**

**Date of this booking**

\_\_\_\_\_

\_\_\_\_\_

Under 18 years old:

A copy of the Birth Certificate has been received and I have verified that both legal parents approve the Baptism.

Yes  No

\_\_\_\_\_

**Name and Signature**

\_\_\_\_\_

**Date**

Please return this booking form to Cluster Administrator, email:  
[admin@penlecluster.org.uk](mailto:admin@penlecluster.org.uk)

**Note: Bookings are not confirmed until this form has been completed and returned, and approved by Penlee Cluster of Churches committee.**