

Parish of Rushen

Application for Baptism or Thanksgiving

Date:		TIME:	
Service Type:	<input type="checkbox"/> BAPTISM	<input type="checkbox"/> THANKSGIVING	
Church:	<input type="checkbox"/> Kirk Christ <input type="checkbox"/> St. Catherine's	<input type="checkbox"/> St. Peter's <input type="checkbox"/> St. Mary's	
Child's Full Name:			
Child's Date Of Birth:			
Contact Details	Father	Mother	
Name:			
Address:			
Occupation:			
Telephone No:			
Mobile No:			
Email Address:			
Godparents:	1.	2.	
	3.	4.	
Siblings previously blessed or baptised in the parish? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, please give details below:			