



Mission Community

Application for Baptism

Proposed date of Baptism: (usually filled in after consultation with Vicar)

Venue for Baptism (Church & Village)

Child's Christian name(s) and surname

Father's Christian name(s) and surname

Has the Father been Baptised? Y/N

Father's Occupation

Mother's Christian name(s) and surname

Mother's Occupation

Has the Mother been Baptised? Y/N

Address and Telephone number for contact: (please do provide phone number)

Names and addresses of godparents: Christian names in full & title

Godparents must be Baptised (Christened) themselves. You may have however many you wish (add any additional onto separate sheet)

1. _____

Is he/she baptised? Y/N Confirmed? Y/N

2. _____

Is he/she baptised? Y/N Confirmed? Y/N

3. _____

Is he/she baptised? Y/N Confirmed? Y/N

If you are **not** a resident of the village that you wish to have your child christened, please give reason why you are applying for baptism in this church.

Please return this form to Rachel Hudson, Five Alive Mission Community Administrator
Post: 33 Dukes Way, Axminster, Devon, EX13 5QP **or**
Email: 5alivemc@gmail.com