

St Peter's Church Harrogate

Christening Information Form

Please read the accompanying notes before filling in this form

Full name of child	
Child's date of birth	
Full name of second child (if applicable)	
Second child's date of birth (if applicable)	
Date and time of the baptism service	1 st Choice 2 nd Choice
Full name of parents	1. 2.
Occupation of parents	1. 2.
Names of Baptised and Confirmed godparents	1. 2. 3.
Names and ages of brothers or sisters	
Home address including postcode	
Contact telephone numbers	
Email address of parents	
Number of guests /service sheets required	
Do you already attend services at St Peter's	No / Yes: 9.30; 11.00; 4.30; Toddler group; other

Please send this form at least two months before your earliest proposed date. Once we receive it, we'll be in touch to confirm the time and date of your child's service.

Return this form to stpeterschurchhgtoffice@gmail.com