

Full name of adult or child/children to be baptised:

## St Chad's Church Request for a Baptism Service

Please fill in this form and email or return it to the office at the address below.

| 1.  | Surname:                                       | middle name(s): |
|---|--|-----------------|
| 2.  | First name:<br>Surname:                        | Middle name(s): |
| Date/   | s of birth:                                    |                 |
| 1.<br>2.  |  |                 |
|   | r's full name (for child baptism/s<br>pation:  | ):              |
|   | er's full name (for child baptism/s<br>pation: | s):             |
| Conta   | ct address:                                    |                 |
| Telep<br>Mobile<br>E-mai  | e:   |                 |
| Name  | s of Godparents (who must have b               | peen baptised): |
| 1.  | First name:                                    | Surname:        |
| 2.  | First name:                                    | Surname:        |
| Thank you for filling in this form. Please return it by either post or email and, once we have received it, we will contact you to confirm the date for your baptism and give you a date to attend an informal baptism preparation evening. |  |                 |
| <ul> <li>Data Protection:         <ul> <li>Please kindly provide consent for us to hold your details on our database (you can withdraw consent at any</li> </ul> </li> </ul>  |  |                 |

\*please delete as appropriate

time):

o I would like to be added to the St. Chad's Main Email Mailing List

Please also let us know if you would like to be included on our email mailings (you can unsubscribe at any

o I would like to be added to the St. Chad's Children and Youth Events Email Mailing List YES/NO\*

YES/NO\*