

# Application for Baptism

The Church of St John The Baptist, Glastonbury

Date:

Time:

Please return this form to: **FAO: MRS. S. WILSON, ADMINISTRATOR, PARISH OFFICE, 3 CHURCH LANE, GLASTONBURY, BA6 9JQ.**

**Child's Christian Names and Surname:**

**Date of Birth:**

**Christian Names:**

**Surname:**

**Occupation:**

**Baptised:**

**Confirmed:**

**Father:**

**Mother:**

**Parent's Address:**

**Landline Number / Mobile Number / Email:**

**Full Name of Godparent/s:**

**Baptised:**

**Confirmed:**

## Your Consent to Keep in touch with you:

Please indicate, by ticking the box/es below how, and if, you would like us to keep in touch with you informing you of any special services &/ or events in our church:

Post:

Email:

Telephone:

No, I do not wish to be contacted, please delete my details: