Entered into	'Done' data base	Monthly service rota	Camilla diary
Copied to	Pastoral care Co-0rdinator	Certificates & magazines	Wardens & Verger

St Michael & All Angels, Beaconsfield www.stmichaelsbeaconsfield .org.uk Application for BAPTISM

*Date	of Baptism		Time of Baptism				
*Date	of Birth		Place of Baptism				
*Full n	ame of person fo	or Baptism		_ i			
*Name	of Father						
*Name	of Mother						
Occup	ations:						
sibling	es & dates of gs plicable)	birth of					
*Addre	ess:						
*Telen	hone numbers	Post Code: one numbers home: mobile:					
	contact						
	of Welcoming Sei	rvice					
- Butto o		17100					
Names of Godparents:			Are they Baptised?	Are they Confirmed?			
1				Y/N	Y/N		
2				Y/N	Y/N		
3				Y/N	Y/N		
4				Y/N	Y/N		
	· 		II.				
Useful to have: Need loo before? Use of hall Anything vicar said do not understand. Anything else useful?				No. attending siblings or cousins? Anyone reading? Prayer by family?			
We wou divulged relating We will	d as necessary to a to St Michael & All not divulge your de	e information marked w appointed church office I Angels Beaconsfield, etails to any other orga	rith an asterisk above or ers and committees to ke especially services and nisation. g this information by sig	eep you in touch wi activities for those	th regard to matters		
Signature of parent Signature of parent							
\mathcal{C}	e or parent		Signature of pare	nt			

If you are uncertain of anything or wish for more information please call Camilla on 01494 673464 email camillawalton@googlmail.com The Parsonage, St Michael's Green, Beaconsfield, HP9 2BN