

Application for Holy Baptism

Child's Christian name (s) and surname:

Date of Birth:

Address:

Parents' Christian name (s) and surname:

Contact No:

Fathers occupation:

Mothers occupation:

Godparents names in full:

When would you like the Baptism to take place ?

At what time ?

At which church

Please return this form to:

Reverend Robert Davies-Hannen

The Vicarage, De La Beche Rd, Sketty, Swansea SA2 9AR

Tel: 01792 202767 Mob: 0794 11 67 444

email: vicarofsketty@gmail.com

(no later than one calendar month prior to Baptism date)