

# OLD WINDSOR PARISH CHURCH

## Baptism Application Form

Date of Baptism ..... Time: ..... Church .....

Approximate number of service's attendances .....

### 1. Details of person to be baptised:

Christian Name(s): ..... Surname: .....

Date of Birth: .....

Address: ..... Postcode: .....

Tel. No: ..... Email: .....

*If this application is for an adult baptism please go to sections 3 & 4*

### 2. Where the above is a child, please also complete the following:

#### 2.1 Mother's Details

Christian Name(s): ..... Surname: .....

Address .....

Tel. No ..... Occupation .....

Email ..... Are you  Baptised  Confirmed

#### 2.1 Father's Details

Christian Name(s): ..... Surname: .....

Address .....

Tel. No ..... Occupation .....

Email ..... Are you  Baptised  Confirmed

#### 2.3 Please tell us the relationship between the parents:

Married  Living together  Apart Other: .....

#### 2.4 Who is making this application?

Mother  Father  Both  Other .....

### 3. Coming Dates:

1- Baptism Prep : .....

2- Baptism Rehearsal : .....

### 3. Godparents

Where the baptism is for a child or infant it is normal to have up to 3 Godparents. Please ask for advice on how to choose. Where the baptism is for an adult, it is normal for the person to nominate 2 or more supporters which will be with them at the service and beyond into their Christian life. In both cases it is important that Godparents or Supporters are baptised and active Christian people.

1- Christian Name(s).....		Surname: .....	
Address .....		Postcode: .....	
Tel. No .....		Email.....	
		<input type="checkbox"/> Baptised	<input type="checkbox"/> Confirmed
2- Christian Name(s).....		Surname: .....	
Address .....		Postcode: .....	
Tel. No .....		Email.....	
		<input type="checkbox"/> Baptised	<input type="checkbox"/> Confirmed
3- Christian Name(s).....		Surname: .....	
Address .....		Postcode: .....	
Tel. No .....		Email.....	
		<input type="checkbox"/> Baptised	<input type="checkbox"/> Confirmed
4- Christian Name(s).....		Surname: .....	
Address .....		Postcode: .....	
Tel. No .....		Email.....	
		<input type="checkbox"/> Baptised	<input type="checkbox"/> Confirmed

### 3. Confirmation and Signatures

I/We confirm the details above and agree to participate in the steps towards baptism.

Signed ..... Date .....

Signed ..... Date .....

Please return this form to *Revd Adel Shokralla, Church Road, Old Windsor SL4 2PQ.*  
Tel: 01753 865778 Email [vicar@oldwindsorchurch.org.uk](mailto:vicar@oldwindsorchurch.org.uk)