

**Booking form**

for

**Baptisms, Christenings and Thanksgiving Services at St Marys’ with Holy Apostles** Church

|  |  |
| --- | --- |
| **We would like to book a:** | **Date and time:** |
| **Full Name of Child:**  **Date of Birth:** | **Address of Child** |
| **Parent’s Full Name:** | **Parent’s Full Name** |
| **Parents Occupation** | **Parents Occupation** |
| **Contact Number and Email** | **Contact Number and Email** |
| **Christened or Baptised: Yes or No?** | **Christened or Baptised: Yes or No?** |
| **Godparents or Sponsors Full Names** | **Are they Christened/Baptised?** |
| **Anything Else we need to know?** |  |

**Please return this form to Revd Samantha Tredwell samtredwell@outlook.com**

**By ticking this box, I consent to Mary’s with**

**Holy Apostles Church keeping my data**