

Baptism Enquiry form (child)

Please complete in BLOCK CAPITALS

Parents' Names	
Status	<i>Please ✓ appropriate box</i> <input type="checkbox"/> married <input type="checkbox"/> cohabiting <input type="checkbox"/> other
Address	
Home 'phone No.	
Mobile	
Email	
<p>Connection with Platt <i>Please ✓ appropriate box</i></p> <p><input type="checkbox"/> Members of the congregation - <i>how long have you been attending?</i></p> <p><input type="checkbox"/> Live in the parish <input type="checkbox"/> Live outside the parish but on the church's Electoral Roll</p> <p><input type="checkbox"/> Other - <i>please supply details</i></p>	
Child's name(s)	<p>Given name(s):</p> <p>Surname:</p>
Child's date of birth	
Date Requested for Baptism*:	

*To be decided in conjunction with the Incumbent

For office use only

Appointment made for: (date) _____ (time)

Notes