



Application for Baptism

We would like the Baptism to take place on *(date)* _____

Child's Details

Christian name(s) and surname	
Date of Birth	

Father's Details

Christian name(s) and surname	
Are you baptized?	
Are you confirmed?	
What is your occupation?	

Mother's Details

Christian name(s) and surname	
Are you baptized?	
Are you confirmed?	
What is your occupation?	

Contact Information

Address	
Telephone	
Email	

Godparents

First Godparent's full name	
Are they baptized?	
Second Godparent's full name	
Are they baptized?	

Third Godparent's full name	
Are they baptized?	

Your privacy is important to us and your personal data is held and used in accordance with UK Law. We need your consent to contact you in the future, therefore, please indicate your consent overleaf and return this form to the Parish Office.

You can withdraw or change your consent at any time by email to info@smmwandsworth.org.uk

I consent to the church:

- | | |
|--|--------|
| A) Informing me by email about Services/Events that might be of interest | Yes/No |
| B) Informing me about fundraising and stewardship activities | Yes/No |
| C) Sending Baptism Anniversary cards by post | Yes/No |

Signature of Parent(s): _____

Date:

Date

*Parish Office
10A Wiseton Road, Wandsworth Common, London, SW17 7EE*