

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:

Rev Layfetta Masih

The New Vicarage, 59a Victoria Road, Waunarlwydd, Swansea SA5 4SY

Tel: 01792 410488 Mobile: 07414 268163

email: LayfettaMasih@cinw.org.uk

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