

The Parish of St Michael with St Mary

Please complete clearly in **BLOCK CAPITALS** and return to **The Parish Office, The Vicarage, St Michael's Street, St Albans, AL3 4SL**

I would like to apply for:		Baptism / Thanksgiving for the Gift of a Child (please delete as applicable)			Date and Time of Service				
Date of Birth	Child's Full Name and Surname	Father's Name and Surname*	Mother's Name and Surname*	Address**	Father's Occupation*	Mother's Occupation*	Godparents' names***	Godparent Baptised? (tick)***	Godparent Confirmed? (tick)***

* Leave blank if you wish

** Baptism is about membership of the local worshipping community. Ordinarily this means that baptisms should be conducted in the parish in which you live or worship. If you do not live in the parish, please explain why you are making an application in the box below:

*** Only applicable if you're applying for Baptism. You should choose at least one godparent ; two to four are usual. All godparents must be baptised.

Please help our planning. Roughly: How many adult guests will you be inviting?

How many children will you be inviting?

We would like to keep you informed about parish opportunities for children and families and will send occasional email information about this unless you tick here

Signed (parent or guardian)

Date

Please provide your contact details below

Email	
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Phone	Home	
	Mobile	