

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* within 10 days of receipt

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. Parents are automatically counted as Godparents. At least one other should be chosen.

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

How many children will you be inviting?

Your information will be stored and used in accordance with the terms of the General Data Protection Regulation (2018) and as explained in St Michael's Parochial Church Council's Data Privacy Notice on our website. **We'd love to stay in touch. If you'd like to receive our monthly publicity email, please tick this box**

Signed (parent or guardian)

Date

Please provide your contact details below

Email	
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Phone	Home	
	Mobile	