

BAPTISM APPLICATION FORM

Holy Trinity Bosham

Date of Baptism	
Time	
Name of Child to be Baptised	
Date of Birth	
Name(s) of Parent(s)	
Occupation	
Address:	
Home Telephone Number:	
Mobile (if applicable)	

Godparents

Name	Address	Baptised	Confirmed

- Please note that those offering to be Godparents **MUST** be baptised.
- Please return this form to The Vicarage, Bosham Lane, Bosham PO18 8HX
martinjlane@gmail.com 01243 573228

