

Please return this form to
 Revd Geoff Bayliss
 The Vicarage, Church Rd
 Gosfield, Essex C09 1UD
 01787 273434

Application for Baptism

Date of Birth		Date of preparation meeting		Place of Baptism	
Child				Gosfield/ Greenstead Green	
		Proposed Christian name/s		Surname	
Parents					
	Full Christian name/s	Surname	Occupation	Have you been:	
				Baptised	Confirmed
Father				Yes/no	Yes/no
Mother				Yes/no	Yes/no
Full Address				Telephone number	
God Parents (Please state Mr Mrs etc)					
	Full Christian name/s	Surname	Address	Have you been:	
				Baptised	Confirmed
1				Yes/no	Yes/no
2				Yes/no	Yes/no
3				Yes/no	Yes/no

The date for the baptism will be fixed following discussion with the clergyperson concerned;

For office use
 Date of baptism: