

PLEASE COMPLETE AND RETURN TO VIA EMAIL TO: baptism@tringteamparish.org.uk

I/We wish to attend the Baptism Preparation Evening on

Thanksgiving Date.....Time.....Church.....

Baptism Date.....Time.....Church.....

Estimated number of guests Adults..... Children.....

Welcoming Date.....Time.....Church.....

Child's Full Name

Child's Date of Birth

Mother's Full Name..... Baptised Confirmed

Mother's Occupation.....

Father's Full Name..... Baptised Confirmed

Father's Occupation.....

Home Address.....

Email.....

Telephone..... Mobile.....

Godparents (who should have been christened themselves)

Full Name..... Baptised Confirmed

Email.....

Full Name..... Baptised Confirmed

Email.....

Full Name..... Baptised Confirmed

Email.....

Full Name..... Baptised Confirmed

Email.....

To be completed by those, who do **NOT** live in the Tring Team Parish

You need to talk to the Vicar or Rector of the parish where you live and ask if he/she agrees to the baptism happening in the Tring Team Parish. Once you have seen them, please ask them to sign below.

I agree that this child may be baptised in the Tring Team Parish (Canon B 22.5)

Signed..... Name.....

Position Held..... Parish.....