

Holy Baptism in the Tring Team
St John the Baptist Aldbury—All Saints Long Marston
St Mary, Puttenham—St Peter & St Paul Tring—St Cross Wilstone

PLEASE PRINT IN BLOCK CAPITALS

I/We wish to attend the Baptism Preparation Evening on

Date and Time of **Thanksgiving**.....Church.....-

Date and Time of **Baptism**.....Church.....

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

Date and Time of **Welcoming**.....Church.....

Child's Full name.....

Child's Date of Birth.....

Mother's Full Name.....Baptised Y/N

Mother's Occupation.....

Father's Full NameBaptised Y/N

Father's Occupation.....

Home Address.....

EmailTelephone.....Mobile.....

Godparents (who should be baptised themselves)

Full Name.....Baptised Y/N Confirmed Y/N

Address.....

Full Name.....Baptised Y/N Confirmed Y/N

Address.....Email.....

Full Name.....Baptised Y/N Confirmed Y/N

Address.....Email.....

Full Name.....Baptised Y/N Confirmed Y/N

Address.....Email.....

If you do **NOT** live in the Tring Team Parish, please turn over and provide the information requested.

Please return the completed form to:

Mike Watikin
56 Christchurch Road
Tring

**At least 4 WEEKS before the
baptism**

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.. 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.....