

Application for Baptism

The Church of St John The Baptist, Glastonbury

*Please return this form to: The Parish Office, St John's Church,
High Street, GLASTONBURY, Somerset, BA6 9DR. Tel: (01458) 830060*

Date:

Time:

Child's Christian Names and Surname:

Date of Birth:

Christian Names:

Surname:

Occupation:

Baptised: Confirmed:

Father:

Mother:

Parent's Address:

Telephone Number:

Full Name of Godparent:

Baptised: Confirmed:

①

②

③

④

Name of Baptism Visitor: _____