

# THE PARISH CHURCH OF ST MATTHEW, HIGHFIELD

## APPLICATION FOR HOLY BAPTISM ON.....

### THE CHILD (OR OTHER PERSON) TO BE BAPTISED:

Christian Name(s) ..... Surname .....  
Address ..... Post Code.....  
Telephone ..... Date of Birth .....

### FATHER:

Christian Name(s) ..... Surname .....  
Occupation .....  
Has he been baptised? YES/NO                      Confirmed? YES/NO

### MOTHER:

Christian Name(s) ..... Surname .....  
Occupation.....  
Has she been baptised? YES/NO                      Confirmed? YES/NO

### GODPARENTS: (please enter title, full name & address)

1.....  
2.....  
3.....  
.....

Have they been baptised?    1 YES/NO                      2 YES/NO                      3 YES/NO  
Have they been confirmed? 1 YES/NO                      2 YES/NO                      3 YES/NO  
(At least one parent or godparent should have been confirmed)

Signed (parent) ..... Date .....

### IMPORTANT NOTES (please read):

- 1 Holy Baptism is administered on the 1<sup>st</sup> and 3<sup>rd</sup> Sundays of the month at 12.30pm.
- 2 To arrange a date for baptism this form should be completed and brought to St Matthew's Vicarage (next door to the church) on any Tuesday evening between 6.30-7.30pm.
- 3 If the person to be baptised is not a Highfield parishioner, i.e. he/she lives in another parish, but there are strong pastoral reasons why you wish the baptism to take place at St Matthew's it will be necessary to discuss these reasons with your local Vicar/Rector and obtain their permission. If they are in agreement please ask them to sign below.

I am happy for the baptism outlined above to take place at St Matthew, Highfield.

SIGNED ..... PARISH OF ..... DATE .....