St Mark's Church

The Reverend Canon Charles Royden 01234 309175 07973 113861 St. Mark's Church Office 01234 342613 office@thisischurch.com

Baptism Registration / Application Form

Please ensure that you have read about Baptism prior to completion of this form. If there is anything you do not fully understand then please do not hesitate to speak with one of the ministers. We are quite happy to arrange to speak with you as many times as you wish prior to the service to talk through any questions which you may have. We hope that you are able to come to church as often as possible before and after the service, it is especially useful for you to attend at the Family Services which are held on the first Sunday of every month.

Church	St Mark's Church Date	of Baptism
	Please do not make any arrangements until we have confirmed the baptism	
	Details of person to be ba	ptised (Block Capitals Please!)
Name		Date of Birth
	Details of fa	ther and mother
Name		Occupation
Name		Occupation
Address		Tel
		Email
	Names of Godparents (plea	ase choose as many as you wish)
Number of In your pa	f people coming to church rty	
	Please send me more	details about (please tick)
Monday ar	Play for carers and little ones nd Thursday mornings	Sunday School during 9.30am service
St Mark's (Church Preschool	Storybox Toddler and Carer Thursday lunch times
I would like	e further information about the	Other (Please specify)