



Your Child's Baptism at St. David's Cathedral

Please read "Baptism at St. David's" before filling in this form.

<u>Office Use</u>	
Minister	_____
Interview	_____
<input type="checkbox"/> Register	<input type="checkbox"/> Certificates

Child's Full Name ** _____

DOB _____ Gender M/F Proposed Baptism Date _____

Baptism During Service/ After Proposed Baptism Time _____

PARENTS

Father

Mother

Full Christian Names* _____

Surname* _____

Address* _____

Email _____

Phone _____

Occupation* _____

Baptised/ Confirmed _____

Special reasons for this date?

Connection with St. David's

Other Children and when baptised.

GODPARENTS (also known as Sponsors)

Ms/Mr/Mrs _____ Baptised (Denomination) _____

Address _____

Ms/Mr/Mrs _____ Baptised (Denomination) _____

Address _____

Ms/Mr/Mrs _____ Baptised (Denomination) _____

Address _____