

St Mary's Church, Temple Balsall

# Application for Baptism of Child



Child's date of birth

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When would you like the baptism to take place?

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Child's Christian name(s) and Surname

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**Father** Christian name(s) and Surname

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Tick if you have been      Baptized       Confirmed

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Father's occupation

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**Mother** Christian name(s) and Surname

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Tick if you have been      Baptized       Confirmed

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Mother's occupation

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Address

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Tel:

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**Names and addresses of god parents** (one Christian name in full, Mr, Mrs, Miss,)

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1

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Tick if this godparent has been: Baptized       Confirmed

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2

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Tick if this godparent has been: Baptized       Confirmed

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3

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Tick if this godparent has been: Baptized       Confirmed

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Please return to: The Masters House, Temple Balsall,  
Knowle, Solihull B93 0AN or e-mail [mastersoffice@leveson.org.uk](mailto:mastersoffice@leveson.org.uk)