



THE PARISH OF HARBOUR CHURCH PORTSMOUTH BAPTISM APPLICATION FORM

Church (please tick one): St George's St Alban's All Saints

Service Date: _____

Family Surname: _____

Child's full Names: _____

Date of Child's Birth: _____

Father's Full Name: _____

Father's Occupation: _____

Mother's Full Name: _____

Mother's Occupation: _____

Address: _____

Telephone Number: _____

E-mail address: _____

Godparents (full names): _____

No. Guests for reserved seating: _____

Signed (Father) _____ Date _____

Signed (Mother) _____ Date _____

Please ignore any sections that are not relevant for your application

Please email this form to hello@harbourchurchuk.org