



THE PARISH OF HARBOUR CHURCH PORTSMOUTH CHILD BAPTISM APPLICATION FORM

To arrange your child's baptism please confirm which of the following criteria applies to you:

I/ we have regularly been attending Harbour Church for at least six months

I/we have completed the Alpha Course at Harbour Church

Location (please tick): 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 return this form to a member of clergy or send it to us at
hello@harbourchurchuk.org