St Oswald's Church, Lower Peover

Application for BAPTISM

Date of Baptism		me of baptism	
Date of Birth		ace of Baptism	
Full name of person for I	3aptism		
Name of Father			
Name of Mother			
Occupations			
Name and dates of			
birth of siblings			
(if applicable) Address:			
Muultoo.			
Postcode:			
Telephone numbers			
Email contact			
Liliali Colitact			
Names of Godparents		Are they	Are they
-		baptised?	confirmed?
		Y/N	Y/N
Notes for service			
Numbers attending?			
Any siblings / cousins?			
ease note that there is no	o foo navahlo fo	r Rantism in the C	hurch of Engla
owever, it is very much a			
nd maintenance of our ch		dendancii io giveni	
Data Protection:			
We would like to be able to conta	ict vou about what is	s going on at St	
Oswald's, such as special service	•		name and address
to be used in this way will you pl	-		
If you are uncertain of anything of	r need more inform	ation, please call Keith F	Phillips
(Churchwarden) on 01270 878259	or 07973 900032 or	email kphil61@hotmail.	co.uk