

CHURCH OF SCOTLAND

Presbytery of North East and Northern Isles

Torry St.Fittick's Parish Church

BAPTISMAL ARRANGEMENT FORM

NAME OF THE FATHER:	
NAME OF THE MOTHER:	
MAIDEN SURNAME OF THE MOTHER:	
ADDRESS:	
POST CODE:	
PHONE NO	EMAIL ADDRESS:
NAME OF CHILD	
DATE OF BAPTISM:	
PLACE:	
DATE OF BIRTH	
PLACE OF BIRTH	
GOD PARENT [1]	
ADDRESS	
GOD PARENT [2]	
ADDRESS	
With this application, I include a photocopy of the Full Birth Certificate for the child. I further understand that I will require presenting the original Full Birth Certificate prior to the Service of the Sacrament of Holy Baptism for signature.	
SIGNED BY APPLICANT (Parents or Guardians)	