The Anglican Church in Menorca

**Santa Margarita**

C/Stuart 20, Es Castell Rev. Paul Strudwick, +34 617222382; rev.strudwick@gmail.com

Baptismal Information

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| --- |
| Date of Baptism  |
| Candidate’s Surname  |
| Candidate’s Christian Name(s) to be given  |
| Date of Birth *(day/month/year)*  |
| Place of Birth  |
| Address  |
| TelephoneHome Mobile  |
| E-Mail Address  |
| Father’s Full Name Baptised: Yes / No Place:                        Occupation:  |
| Mother’s Full Maiden Name Baptised: Yes / No Place:                        Occupation:  |
| Sponsors/GodparentsName Address Baptism Name Address Baptism Name Address Baptism Name Address Baptism  |

Request for Infant/Child Baptism by Parents

We desire to bring our Child to Holy Baptism so that we may raise him / her in the Christian Faith and as a loyal member of the Church. We will co-operate fully with clergy and congregation towards this end and we will do all we can to foster his / her faith by our example and prayer.

Father’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*OR*

Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(please print)*

Name of home church/parish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 *(if not Santa Margarita)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(please print)*