**Parish of Llanishen**

Please return to: Parish Office

 The Vicarage

 2 The Rise

 Llanishen

 CARDIFF

 CF14 0RA

Phone: 029 20752545

email: admin@parishofllanishen.org.uk

**Registered Charity No: 1133881**

**Holy Baptism**

Name of child.**…………….……………………………………………………………………………………………………..**

Date of birth **…………………………………………………………………………………………………………………….**

Father’s full name **……………………………………………………………………………………………………………….**

Mother’s full name **……………………………………………………………………………………………………………...**

Address**……………………………………………………………………………………………** Postcode **…………………**

Tel. no **…………………………………………………** E-mail **……………………………………………………..**

Occupation of father **……………………………………………………………………………………………………………**

Occupation of mother**……………………………………………………………………………………………………………**

Names of Godparents (please note that Godparents must be baptised)

**…………………………………………………………………………………………………………………………………..**

**…………………………………………………………………………………………………………………………………..**

Proposed date of Baptism **……………………………………….…………**

Time of service(see attached leaflet)**.............................................................**

Approx. Number attending **……………………..**