**St Columba’s and St Peter’s Edinburgh**

**77 Falcon Ave EH10 4AN tel 0131 447 2502**

**Email frkenneth.owens@staned.org.uk**

**BAPTISM ENQUIRY FORM**

**Child’s Name:** ................................................................................................................................................

**Child’s Date of Birth:** ................................................................................................................................................

**Father’s Name:** ................................................................................................................................................

**Mother’s Name:** ................................................................................................................................................

**Address:** ................................................................................................................................................

**Tel No:**  ................................................................................................................................................

**E-mail address:** ................................................................................................................................................

**Godparents:** ................................................................................................................................................

**Please note that godparents must be baptised in the Christian faith. If not baptised then they are not able to be a godparent, however, they can be a witness.**

**Preferred date of baptism:** ……………………………..…………………………………………………………………………………………………..

**I am happy for my details to be added to the parish database** Yes □ No □

**PLEASE RETURN COMPLETED FORM TO PARISH OFFICE BY POST *OR E-MAIL***

**Administration Office:**

**77 Falcon Avenue**

**Edinburgh EH10 4AN**

**tel 0131 447 2502**

**email: frkenneth.owens@staned.org.uk**

**Reg Charity No: 008540**