

Baby Thanksgiving Form

Baby	*	Girl/Boy	Date of Enquiry
Mum	*	*	*
Dad	*		
Address	*	DOB	
	*	*	
Postcode	*		
	*	Number of Guests	Date of Thanksgiving
Phone:	*	*	
Email	*		
	Name	Address	
Childs Sponsor			
Childs Sponsor			
Childs Sponsor			
Childs Sponsor			

Please email this form to vicar@stjamesnewchapel.co.uk

