

St John's Church Hartford

## Application for Thanksgiving

Today's date: \_\_\_\_\_

Child's full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address:  
(including  
postcode) \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Father's full name: \_\_\_\_\_

Mother's full name: \_\_\_\_\_

Names of sponsors: 1. \_\_\_\_\_  
(optional)

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Date requested: \_\_\_\_\_

*(The date must be confirmed with the minister)*

Please return the completed form to a minister, or post to:

St John's Church Office, St John's Church Centre, School Lane, Hartford, Northwich CW8 1NP.