

BAPTISM APPLICATION FORM

Name and Surname of child to be baptised

Date of Birth

Place of Birth

Parent(s) Name

Father

Catholic*

Yes

No

Mother

Catholic*

Yes

No

*** A copy (not original) of the Catholic Parent(s) Baptism OR Confirmation Certificate must accompany this application**

Mother's Maiden Name

Postal Address

Parent(s) email
REQUIRED
mobile

We realise that this commitment requires that we, ourselves, practice our faith and try to be a living example to our child.

Signature(s)

Date

If one parent is not Catholic, they are merely asked to make the following declaration:

I willingly allow my child to be bapised according to the practice of the Catholic Church.

Signature(s)

Date

GODPARENTS:

(There must be at least one Godparent, a practising Catholic, aged at least 16 who has been baptised, received their First Holy Communion and been Confirmed in the Catholic Church)

There can be two Godparents (but no more) in which case a Godfather and Godmother with each satisfying the above Criteria .

Name of Godfather

Name of Godmother

Date of Baptism

Time

Priest / Deacon

BAPTISM PREPARATION

Date of Meeting _____

Catechist _____

Your contact details will be retained on the parish database - YES / NO (please delete)