

BAPTISM APPLICATION FORM

PROPOSED DATE _____

Details of Child to be Baptised

Full Name: _____ Date of Birth: _____

Mother

Surname: _____ First Name: _____

Home Address: _____

Phone: _____ Email: _____

Baptised: Yes No Year _____ Place: _____

Signature _____

Father

Surname: _____ First Name: _____

Home Address: _____

Phone: _____ Email: _____

Baptised: Yes No Year: _____ Place: _____

Signature _____

Godparents

(It is usual to have two Godfathers and one Godmother for a male child and two Godmothers and one Godfather for a female child).

Full Name _____ Contact Number _____

Full Name _____ Contact Number _____

Full Name _____ Contact Number _____

Full Name _____ Contact Number _____

Please complete and return to the Parish Office at least **30 days** before the proposed date of baptism.

The information you have provided will only be used by the Parish Office to process your application.

For Office Use

Interview

Date	Place	Time	Clergy/Lay

Baptism Kit required: Yes No

Posted on:

Baptism Service Details

Date of Baptism: Time:

Clergy to Officiate:

Mothers Union notified on:

Certificates printed on:

Officiant

Signature Date:

Any issues please note here:

.....

.....

Baptism Register Entry

By: Date: