

BAPTISM FORM

(Please print)

CHILD:

Surname _____

Christian Names _____

Date of Birth _____

Place of Birth _____

Home Address _____

Phone Number _____ *Mob* _____

Email Contact _____

Father's Name _____

Father's Religion _____

Mother's Full Maiden Name _____

Mother's Religion _____

GODPARENTS: *(No more than four - at least one godparent must be a Catholic)*

NAME _____ *Religion:* _____

NAME _____ *Religion:* _____

NAME _____ *Religion:* _____

NAME _____ *Religion:* _____

Proposed Date Of Baptism _____