



Application Form for Baptism

Your Child

Christian Name _____ Surname _____

Date of Birth _____ Place of Birth _____ Gender M F

Requested Date for Baptism _____

During 10am Sunday Mass (except 4th Sunday) After 10am Mass on 4th Sunday at 11.20am *(please tick)*

Parents & Family

Father's Full Name _____ Religion _____

Mother's Full Maiden Name _____ Religion _____

Does either parent belong to an Eastern Rite of the Catholic Church, e.g. Maronite? _____

Address _____ Postcode _____

Phone Number _____ Mobile _____

Email _____

Other Children - Names and Date of Birth

Parish and Church Involvement

Where married? Catholic Church at _____ or elsewhere _____

Place of Worship _____ Regularly Occasionally Rarely *(please tick)*

Godparents - Full Name

1. _____ Religion _____

2. _____ Religion _____

3. _____ Religion _____

4. _____ Religion _____

Sessions to attend:

Baptismal preparation: Date: _____ attended | *Presentation:* Date: _____ attended