R E Q U E S T F O R B A P T I S M

PLEASE PRINT CLEARLY

YOUR PARISH_____

Y O U R C H I L D

IS THIS YOUR FIRST CHILD? Yes/No (Please circle)

CHILD'S NAME:_____

DATE OF BIRTH:_____

PLACE OF BIRTH:_____

FATHER'S NAME:_____

FATHER'S RELIGION:_____

MOTHER'S NAME:_____

MOTHER'S RELIGION:_____

MOTHER'S MAIDEN NAME:_____

HOME ADDRESS: _____

POSTCODE:_____ PHONE:_____

GODPARENTS:_____

_____

PREFERRED DATE OF BAPTISM:_____

TIME & DATE FOR INTERVIEW:_____