

BAPTISMAL REQUEST FORM

CHILD'S SURNAME [PLEASE PRINT]: _____

CHILD'S CHRISTIAN NAME: _____

DATE OF BIRTH: _____ **MONTH OF BAPTISM:** _____

ADDRESS OF PARENTS: _____

TEL NO: _____ **MOBILE:** _____

DATE & PLACE OF MARRIAGE OF PARENTS: _____

OTHER CHILDREN **NAME:** _____ **AGE:** _____

IN THE FAMILY: _____

Father:

Surname: _____

Christian Name: _____

WE REQUEST BAPTISM FOR OUR CHILD:

Mother:

Maiden Name: _____

Christian Name: _____

Godfather:

Name: _____

Address: _____

Date of Birth: _____

Is he a practicing Catholic? _____

Godmother:

Name: _____

Address: _____

Date of Birth: _____

Is she a practicing Catholic? _____

(SIGNATURE OF FATHER)

(SIGNATURE OF MOTHER)