

APPLICATION FOR BAPTISM

PLEASE READ THE ATTACHED SHEET (to be retained by you) BEFORE COMPLETING THIS APPLICATION

If you live outside the Parish, you must obtain the permission of your local Parish Priest.

PARISH : Abingdon/ Didcot/ East Hendred/ Hinksey/Wallingford (please indicate)

CHILD'S SURNAME.....

CHILD'S CHRISTIAN NAME(S).....

CHILD'S DATE OF BIRTH.....

FATHER'S NAME IN FULL.....

FATHER'S RELIGION.....

MOTHER'S NAME IN FULL.....

MOTHER'S MAIDEN NAME.....

MOTHER'S RELIGION.....

ADDRESS.....

.....

POST CODE..... TEL. No.

E-MAIL.....

FULL NAMES(S) OF GODPARENTS

*.....

.....

.....

* The minimum requirement is **one** practicing Catholic Godparent. Any other person asked to act as a Godparent should be a believing Baptised Christian.

We, as parents, ask of God's Church the gift of Baptism for our child. With God's help we accept the responsibility of bringing up our child in the practice of the Catholic Faith.

SIGNED (FATHER).....

SIGNED (MOTHER).....Date:.....

For office use only

Date of Baptism:

Place of Baptism:

Celebrant: