

Our Lady Help of Christians, Mottingham

APPLICATION FOR THE SACRAMENT OF BAPTISM

Baptisms are on the second Sunday of the month

Date of Baptism

Please print

Name of Child: _____
(family) (first) (middle)

Date of Birth: _____ Place of Birth: _____
(day/month/year)

Home address: _____

Phone: _____ email _____

PARENTS:

Father's Name: _____
(family) (first) (middle)

Religion/Denomination: _____

Place of Baptism: _____

Certificate: _____

Address (if not the same as child's) _____

Marital Status: _____ Place of Marriage: _____

Mother's Name: _____
(family) (first) (middle)

Religion/Denomination: _____

Place of Baptism: _____

Certificate: _____

Address (if not the same as child's) _____

Marital Status: _____ Place of Marriage: _____

GODPARENTS:

Name of Godfather: _____

Place of Baptism: _____

Certificate : _____

Name of Godmother: _____

Place of Baptism: _____

Certificate: _____

**at least one godparent must be baptised, confirmed, practising Catholic – please provide certificates*

Name of Priest/Deacon at Baptism _____

INSTRUCTION FOR CELEBRATING THE BAPTISM

- | |
|---|
| <ul style="list-style-type: none">• 1st Instruction• 2nd Instruction |
|---|

• Baptism Service leaflets for Baptism?		
• Number required /Cost		
• Baptism entered into Register		
• Baptism entered on computer		
• Certificate prepared for Parents		
• Certificate collected by Parents		

I/We promise to bring our child up in the knowledge and practice of the Catholic Faith and will attend Mass faithfully each and every week.

Signed _____ Signed _____