ST JOSEPH'S CATHOLIC CHURCH, ROEHAMPTON, LONDON SW15 4LE

TEL: 020 87788 5012

EMAIL: roehampton@rcaos.org.uk

INFANT BAPTISM REGISTRATION FORM *(Younger than 8 years)*

CHILD SURNAME: _____

FIRST NAMES: _____

GENDER: _____ DATE OF BIRTH: _____

FATHER FULL NAMES: _____

ARE YOU A BAPTISED CATHOLIC? _____

MOTHER FULL NAMES: _____

MAIDEN NAME: _____

ARE YOU A BAPTISED CATHOLIC? _____

DATE OF MARRIAGE: _____

PLACE OF MARRIAGE: _____

ARE YOU A RESIDENT IN THIS PARISH? _____

BAPTISM PREPARATION: **COURSE NUMBER:** _____

PROPOSED DATE OF BAPTISM: _____

PARENT(S) DETAILS: TELEPHONE NUMBER: _____

ADDRESS: _____

_____ POSTCODE: _____

EMAIL: _____

GODPARENTS/ WITNESSES: ***(At least one must be a practicing Roman Catholic)***

FULL NAMES:

_____

_____

_____

SIGNED BY: _____

PLEASE STATE YOUR **RELATIONSHIP TO THE CHILD**: _____

NB: ALL APPLICATIONS MUST BE MADE WITH THE CONSENT OF THE PARENT/S

SESSIONS ATTENDED: 1st ☐ 2nd ☐ 3rd ☐