

Our Lady of Ransom & St. Gregory with St. Agnes

Details for THE CELEBRATION OF THE SACRAMENT OF BAPTISM

*** Please complete in block capitals**

*SURNAME

*NAME(S) OF CHILD.....

*ADDRESS

.....**POST CODE ESSENTIAL**

*TELEPHONE NUMBER

*DATE OF BIRTH

*WHERE BORN

*FATHER'S NAME RELIGION

*MOTHER'S NAME RELIGION

*MOTHER'S MAIDEN NAME

*NAME OF GODFATHER (1) RELIGION

*NAME OF GODFATHER (2) RELIGION

*NAME OF GODMOTHER (1) RELIGION

*NAME OF GODMOTHER (2) RELIGION

No more than four names to be given.

[TO BE ARRANGED WITH PRIEST] Send into Parish Office with two preferred dates. You will be telephoned to confirm which date is convenient.

DATES/..... TIME

CHURCH OF BAPTISM OF CHILD

NAME OF PRIEST.....

PLEASE COMPLETE DATE OF BAPTISMAL PREPARATION COURSE ALREADY ATTENDED:

DATE.....