

APPLICATION FOR BAPTISM

(PLEASE USE CAPITAL LETTERS THROUGHOUT AND MAKE AN APPOINTMENT TO SEE SR. DEVY TO SUBMIT THIS FORM).

YOUR CHILD'S DETAILS:

CHILD'S NAME:.....

BY WHAT FIRST NAME IS YOUR CHILD USUALLY CALLED?

DATE OF BIRTH: AGE:

CHILD'S BIRTH CERTIFICATE (MUST BE SUBMITTED)

DETAILS OF FAMILY:

FATHER'S NAME:

MOTHER'S NAME:

MOTHER'S MAIDEN NAME:

FATHER'S RELIGION:.....MOTHER'S RELIGION:.....

HOME ADDRESS:.....

POST CODE:.....

TELEPHONE (HOME):.....(MOBILE):.....

BAPTISM CERTIFICATE FOR ONE OF THE PARENTS MUST BE SUBMITTED

MARITAL STATUS:

MARRIED? YES NO SINGLE? YES NO

IN WHICH CHURCH:.....REGISTRY OFFICE:.....

OTHER:.....

MASS ATTENDANCE:

WHICH MASS DO YOU ATTEND AT ST JOHN VIANNEY?

HOW OFTEN DO YOU ATTEND?

NURSERY/SCHOOL:

WHICH ARE YOU LIKELY TO BE APPLYING FOR IN THE NEAR FUTURE?.....

CHILD'S GODPARENTS: AT LEAST ONE GODPARENT MUST BE A ROMAN CATHOLIC.

(1) NAME..... RELIGION.....

(2) NAME..... RELIGION.....

BAPTISM CERTIFICATE FOR GODPARENT(S) MUST BE SUBMITTED TO THE PRESBYTERY.

I PROMISE TO PARTICIPATE FULLY IN THE PREPARATION PROGRAMME FOR THE SACRAMENT OF BAPTISM.

SIGNED:DATE:

SIGNED:DATE:

DATE OF CHILD'S BAPTISM..... BAPTISED BY: REV. FR.....

ST JOHN VIANNEY CHURCH: 4 VINCENT ROAD. WEST GREEN. LONDON N15 3QH

SR DEVY: DEVY.FMVD@GMAIL.COM OR 07403 784463