

APPLICATION FOR INFANT BAPTISM

PLEASE USE CAPITAL LETTERS THROUGHOUT AND CONTACT SR. DEVY (07455 544 065) FOR THE BAPTISM PROGRAMME

YOUR CHILD'S DETAILS

CHILD'S NAME:

BY WHAT FIRST NAME IS YOUR CHILD USUALLY CALLED?

DATE OF BIRTH:

**CHILD'S BIRTH CERTIFICATE
MUST BE SUBMITTED**

AGE:

DETAILS OF FAMILY

FATHER'S NAME:

**BAPTISM CERTIFICATE OF
ONE OF THE PARENTS
MUST BE SUBMITTED**

MOTHER'S NAME:

MOTHER'S MAIDEN NAME:

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

HOME ADDRESS:.....

POST CODE:.....

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

MARITAL STATUS

SINGLE MARRIED OTHER:

IF MARRIED, IN WHICH CHURCH:..... REGISTRY OFFICE:.....

MASS ATTENDANCE

WHICH MASS DO YOU ATTEND AT ST JOHN VIANNEY?

HOW OFTEN DO YOU ATTEND?

NURSERY/SCHOOL

WHICH NURSERY/SCHOOL ARE YOU LIKELY TO BE APPLYING FOR IN THE NEAR FUTURE?

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CHILD'S GODPARENTS (AT LEAST ONE GODPARENT MUST BE A ROMAN CATHOLIC)

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

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

**BAPTISM CERTIFICATE OF ONE OF THE
GODPARENTS MUST BE SUBMITTED**

I PROMISE TO PARTICIPATE FULLY IN THE BAPTISM PREPARATION PROGRAMME:

SIGNED: DATE:

SIGNED: DATE:

REQUESTED DATE OF CHILD'S BAPTISM:

**PROTECTING YOUR PRIVACY: YOUR PERSONAL DETAILS WILL BE HELD ON FILE/STORED ON THE PARISH COMPUTER SECURELY.
AFTER THE HOLY COMMUNION PROGRAMME, YOUR DETAILS WILL BE ENTERED INTO THE PARISH REGISTER.
YOU CAN READ OUR FULL PRIVACY POLICY ON RCDOW.ORG.UK/DIOCESE/PRIVACY-POLICY**

**ST JOHN VIANNEY CHURCH: 4 VINCENT ROAD. WEST GREEN. LONDON N15 3QH
PLEASE RETURN TO THE PARISH OFFICE OR EMAIL IT TO WESTGREEN@RCDOW.ORG.UK**