

APPLICATION FOR INFANT BAPTISM

PLEASE USE CAPITAL LETTERS. CONTACT THE PARISH SISTER (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:
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 OF
ONE OF THE PARENTS
MUST BE SUBMITTED

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?
.....

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 BAPTISM 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