B A P T I S M   A P P L I C A T I O N   F O R M

Please email completed form to ***cppbaptism@gmail.com***   *Or post through the letter-box at the Priests' House*

Name and Surname of child to be baptised

Date of Birth

Place of Birth

Parent(s) Name

Father		**Catholic*** Yes ☐ No ☐
Mother		**Catholic*** Yes ☐ No ☐

*** *A copy* (not original) *of the Catholic Parent(s) Baptism OR Confirmation Certificate must accompany this application***

Mother's Maiden Name

Postal Address

**Parent(s) email *REQUIRED*
mobile**

Signature(s)

We realise that this commitment requires that we, ourselves, practice our faith and try to be a living example to our child.

Date

If one parent is not Catholic, they are merely asked to make the following declaration:
I willingly allow my child to be bapised according to the practice of the Catholic Church.

Signature(s)

Date

GODPARENTS:
*(**There must be at least one Godparent, a practising Catholic, aged at least 16 who has been baptised, received their First Holy Communion** and **been Confirmed in the Catholic Church**)
There can be underline two **Godparents** (but no more) **in which case
a Godfather** and **Godmother with each satisfying the above Criteria.***

Name of Godfather

Name of Godmother

Date of Baptism

Time

Priest / Deacon

BAPTISM PREPARATION

Date of Meeting _____

Catechist _____

Your contact details will be retained on the parish database - YES / NO (please delete)