

I attend the 6pm Vigil Mass
10am Sunday Mass

APPLICATION FOR BAPTISM

Christian Names of Child:

Surname of Child:

Date of Birth: Place of Birth:

Full Name of Father:

Religion:

Full Name of Mother:

Maiden Name:

Religion:

Present Address:

Post Code: Telephone Number:

Email:

Place of Marriage:

Full Name of God Father:

Religion:

Full Name of God Mother:

Religion:

We ask of God's Church the gift of Baptism for our child. We undertake, with the help of God to fulfil the obligations placed upon us to foster the Catholic faith of our child.

Father's signature:

Mother's signature:

Date(s) of Preparation

Date of Baptism: at(time)

in (Church)

Priest:

Please return to: Fr John Chandler, Sacred Heart Church, High Street, Bordon. GU35 0AU
Email: jchandler@portsmouthdiocese.org.uk