

APPLICATION FOR BAPTISM

Please return the completed form to St Elizabeth's Church, 10 Hall Road, Scarisbrick, L40 9QE,
or to scarisbrickcatholic@outlook.com

Child's surname:

Child's Christian name(s):

Child's date of birth:

Father's name & religion:

Mother's name & religion:

Mother's maiden name:

Child's home address:

.....

Contact mobile number:

Home phone number:

Church of marriage:


Proposed godfather(s):*

Proposed godmother(s):*

Preferred date of baptism (if any):

*Please note that godparents must be Catholic.

Bernadette Halsall, our Baptism coordinator, will arrange to meet with you to make preparations and to agree a date, usually 11am on a Sunday, that is convenient also for the priest.

 Both parents must sign the form to confirm the details above, and that they both seek Baptism for their child.

Mother

Father

Date:

Date: