



**St Margaret Clitherow
4 Kingswood Drive
Dulwich Wood Park
London SE19 1UR**

BAPTISMAL APPLICATION FORM

CHILD'S SURNAME

CHILD'S CHRISTIAN NAMES.....

MALE / FEMALE **DATE OF BIRTH**

ADDRESS

.....

TELEPHONE NUMBER

FATHER'S NAME

FATHER'S RELIGION

MOTHER'S NAME

MOTHER'S RELIGION

MOTHER'S MAIDEN NAME.....

MARITAL STATUS

**NAME AND ADDRESS OF
CHURCH WHERE MARRIED**.....

IF HAVING TWO GOD PARENTS – ONE OF THE GOD PARENTS MUST BE A PRACTISING CATHOLIC

GOD FATHER - 1

GOD MOTHER - 1

SEEN BY (PRIEST) **DATE**

TO START INSTRUCTION (8:00 pm) Attended: 1..... 2..... 3.....

TO BE BAPTISED at 15:00 (3.00pm)

PLEASE NOTE

IT IS CUSTOMARY TO MAKE AN OFFERING TO THE CHURCH FOR THE BAPTISMAL CEREMONY