**BAPTISM ENQUIRY FORM**

**Please complete clearly and in capital letters and return to the parish office.**

Surname of Child ……………………………………………………………………………………….................................………...................….

First Names of Child ……………………………………………………………………………………..................................………................….

Date of Birth ……………………………………………………………………………………………...............................…….. male / female

Father’s Name ………………………………………………………………………………………………………..................................…......…….

Mother’s Name …………………………………………………………………………………………………..................................……….....…….

Address …………………………………………………………………………….................................………Postcode………………..………….

Contact details: email ……………………………………………………………………………......................................................................….

Tel no ……………………………………....................................................................................................................................

Date & Place of Marriage ……………………………………………………………………………………..................................................….…

Mother’s Maiden Name …………………………………………………………………………………………..............................................……

Religion of Father ………………………………………… Church of baptism ………………………………………….................................

Religion of Mother ……………………………………….. Church of baptism …………………………………................................……….

[Please attach a copy of proof of baptism eg copy of certificate or letter/email from Parish Priest]

**If neither parent is a baptised Catholic then your child cannot be baptised into the Catholic faith. Please call the parish office who can advise.**

Name of godfather & religion………………………………………………………………………………………..................................………..

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Name of godmother & religion …………………………………………………………….....................................…..................................….

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**At least one of your child’s godparents must be a baptised, confirmed and practising Catholic**

I/We agree to storing this data for the purpose of organising and managing Baptisms.

Signature of Parents ........................................................................................................................................................................................

Date .........................................................................................................................................................................................................................

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**TO BE COMPLETED AFTER ATTENDING BAPTISM CLASS BY PARISH OFFICE**

Date of Baptism class attended ..................................................................................................................................................................

Date of Baptism ............................................................................................Time .........................................................................................

Place of Baptism: Our Lady of Perpetual Succour, Bulwell / Holy Cross, Hucknall