## Star of the Sea Marlborough

# **Request for Infant/Child Baptism**

We, the parents of ....., request that our child receive the Sacrament of Baptism, and begin the process of Christian Initiation into the Catholic Community.

We understand that the Baptism of our child is the first step in a lifetime of faith, and that in due time our child will mature through reception of the Sacraments Confirmation & First Communion.

#### (Please Print)

### <u>Child</u>

Family Name			
Christian Nam	e(s)		
Date of Birth			
Place of Birth			
Age Now			
Address			
		Post Code	
Phone			
E-mail			
Parish of Residence:			

#### Parents

Father's Name			
Religion			
Mother's Full Maiden Name			
Religion			
Place of Marriage			
GODPARENTS (NB: Both God-parents must be Baptised Christians, and at least one should be a practising Catholic).			
God-father's name			
Religion			
God-mother's name			
Religion (if you want more, please attach on a separate sheet of paper, but only 2 will be put in the baptism register due to space) SIGNATURES OF PARENTS			
Father			
Booking Details:			
Baptism Date: Time			
Church of Baptism			
Preparation Date:			
Rite of Presentation at Mass:			
Priest presiding:			

**DONATION** (to be given to the priest at the baptism)