



THE PARISH OF MARY, MOTHER OF GOD, BRADFORD
BAPTISM REQUEST FORM



Date of submission of form: _____

Church where Baptism to take place (please tick): St Winefride's: St John's:

Full Name of Child: _____

Date of Birth: _____

Mother's Full Name: _____ Née: _____

Mother's Religion: _____

Father's Full Name: _____

Father's Religion: _____

Names of Godparents/Witnesses of the Faith (Please indicate who is a Catholic)

Home Address:

Telephone Number: _____

Email Address: _____

I give permission for this information to be entered into the Parish Register to help effective administration within the parish. I understand that this information will be used only for pastoral purposes within this parish.

Signed: _____

To be completed by the Parish Office:

Date of Home Visit: _____

Preparation sessions attended for previous child? (please tick) Yes: No:

Date of preparation sessions attended: 1) _____ 2) _____

3) _____

DATE OF BAPTISM: _____