SALISBURY CATHOLIC CHURCHES BAPTISM APPLICATION FORM

l. Parent 1					Male		Female	
Name								
Date of birth								
Marital status	Maiden Name							
Address			·					
			Po	ostc	ode			
Home telephone								
Mobile telephone								
Email								
Religion	Catholic		Other (specify)					
Nationality			Occupation					
. Parent 2					Male		Female	
Relationship to person above					Marital status			
Date of birth					Maiden Name			
Address if different to above	Postcode							
Home telephone								
Mobile telephone								
Email								
Religion	Catholic		Other (specify):					
Nationality								
Occupation								
. Parents' Mar	riage Details	(Ple	ease complete details	bel	ow if parent	s are	e married.)	
Date of Marriage	Marriage Location			Name of minister (if known)				

1. Child/ren prese			aptism						
Full Name (including surname)					Date of birth	Place c	of birth	Gender (Male/Female)	
5. Other Children	unde	r 17 iı	n your h	ıou:	sehold				
Name		Date of Babirth (Date of Control		d	First Communion (Date)	Confirmed (Date)		School / college	
6. Other family me	mber	s livi	ng with	yo	u (e.g. elderly rela	atives/ad	ult offs	pring)	
Name		Relationship to you							
7. Which church(e	e) do	YOU	most co		manly attend?				
St Gregory's	:5) uu			Redeemer		StOs	smund's		
				,			St Osmana's		
3. How can we hel	p you	ı?					٦		
A house blessin	A house blessing			A lift to mass			A home visit		
Receive Common home	union a	at		ifo al	bout Catholic ls		A telephone call		
 ک. Are you already	invo	havl	in our n	ario	sh community	າ	Yes	No	
f 'Yes' please state in			_	aii	on community	·			
Too prodos state	VIII -	<u>араз,</u>							
If 'No', and you would parish life you would			me involve	∍d, p	olease give an ind	ication of	f which	aspects of	

	St Gregory's	Hol	y Redeemer	St	Osmund's
Baptisi	When would you like ms take place following co or at 12.30pm on a Sunday	mpletion of the Bap	otism Preparation co	ourse during a	
Date	,		Time		
	Petails of Godparen It least one godparent mus			and not the mo	ther or father)
Name/s		, ,	Religion		Gender (Male/Female)
		PARENTAL U	NDERTAKING		
child d Salisb	esent a child for baptism of God in the Church of oury Parishes offer a sho e your child is baptised.	f God. To help y	ou understand th	e importance	e of Baptism, the
	ERSTAND THE ABOVE ORDING TO THE RITE A				
Signat	ture	(Mother)			(Father)
	child is to be baptised in the permission of their			e parents re	side they must
PERM	PARISH PRIEST OF MISSION FOR THE ABO OLIC CHURCH.	OVE NAMED CHII	LD TO BE BAPTIS	SED IN A SA	GIVE LISBURY
Name					

10. In which church would you like the baptism to take place?

THIS FORM SHOULD BE RETURNED TO THE PARISH OFFICE NO LATER THAN TWO WEEKS BEFORE THE BAPTISM IS TO TAKE PLACE

All information is treated in confidence. We comply with the Data Protection Act and no information will be passed to third parties without prior permission. By signing above, you grant your consent for the information on this form to be entered in the parish database and records. It will be used for pastoral care and the appropriate administration of the Salisbury Catholic Churches only.

Form version: 07/04/2018

FOR OFFICE USE ONLY

BAPTISM DETAILS

Location	Date	Time	Minister					
	-							
BEFORE BAPTISM – tick whe	an completed							
DET ONE DAT FIONT - LICK WITC	поотрысса							
Baptism preparation course completed								
Baptism date/time/location confirmed with Deacon/Priest								
Baptism date/time/location confirmed with parents								
Baptism date/time/location confirmed with sacristans/music ministers if necessary								
All parent/child details entered/checked in PAMIS								
GDPR Notice emailed to parents/guardians								
Baptism entered in Parish Re		AMIS						
OUTREACH – tick when completed								
Have Outreach requests (Q.8 & Q.9) been acted upon?								
Please record details								

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