



St. MARY'S PARISH- HAMPTON

- Form of Request for Baptism of a child -

GIVEN NAME OF CHILD _____

SURNAME OF CHILD _____

DATE OF BIRTH _____

PROPOSED DATE OF BAPTISM _____

Baptisms are celebrated on the Second and Fourth Sundays of the month)

Father of Child	Mother of Child
Full Name _____	Full Name _____
Surname _____	MAIDEN Name _____
Address _____	Address _____
Home Tel _____	Home Tel _____
Mobile _____	Mobile _____
Email _____	Email _____
Catholic Yes/ No _____	Catholic Yes /No _____
Signature _____	Signature _____

Godparent _____

Godparent _____

PLEASE NOTE: Carefully check the information and spelling of names and dates as this information is recorded on the Baptismal Certificate and in the Baptismal Register.

Date of Contact in Office: _____

NOTES: _____
