

St Winefride's Roman Catholic Church, Little Neston

APPLICATION FOR SACRAMENT OF BAPTISM					
First name/s of the child					
(as detailed on the birth certific	cate)				
Family surname					
Date of birth of the child					
Proposed date of baptism	1				
DATE:			TIME:		
Note – Baptisms usually tak Parish Priest, Deacon or Paris		, if an alternat	ive day and time	is required please speak to the	
Mother's full name/s			Religion		
Father's full name/s	F	Religion			
Your address and postcod	le				
Contact Tel	Mobile		Email		
Godparents *	,				
* At least on godparent should	be a confirmed and practising	catholic, at leas	t 16 years old and	in good standing with the Church.	
Any other information					
Baptism certificate issued	Date		ed in Parish m records	Date/signed	

Congratulations on the birth of your child and wanting your child to be baptised here at the parish of St Winefride's. To be baptised is to: become a child of god and become a member of the Church of Christ.

<u>Privacy Notice</u> The information collected on this form helps with the preparation of the Baptism. Some of the Information that you provide on this form will be entered in to the Baptism Register and stored indefinitely in a secure location in accordance with the laws and procedures of the Roman Catholic faith for future sacramental purposes, (for example confirmation or marriage purposes) and for history. The details that you provide on this form will not be transferred to any third party to use for their own marketing or fundraising purpose. You can read our full Privacy Notice at www.dioceseofshrewsbury.org/about us/privacy-notice.