



St Margaret of Scotland Catholic Church

Fir Tree Grove, Carshalton, SM5 4NG

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APPLICATION FOR BAPTISM

Child's Full Name:

Date of Birth: Tel No:

Address:

.....

Email:

Father's name:

Mother's name..... Maiden Name:

Name of Church & Parish where married:

.....

God Father name(s):

God Mother name(s):

Date Baptism is desired: (Usually 2pm on the second Saturday of the month)

Both parents and Godparents are required to attend a single one-hour session with the Parish's Adult Catechist two weeks prior to the Baptism. (A list of available appointments will be provided).

I promise to bring my child up in the Catholic Faith and understand that at least one Godparent must be a practicing Catholic. I also agree to have an appointment with the Parish Priest to prepare for the Baptism and to appreciate what is involved.

Signed: Date:

I give consent for the name of my child to be published in the 'Congratulations' section of the Parish Newsletter

Signed: Date:

Office Use Only

Received.....Parish Priest.....