

CLICALARE

Baptism Reg. No

Baptism Class Date: Baptism Date:

INFORMATION FOR BAPTISM

PLEASE READ NOTES CAREFULLY BEFORE COMPLETING THIS SECTION

PLEASE PRINT CLEARLY

SURNAME:		
CHILD'S CHRISTIAN NAME(S)		_ MALE / FEMALE
DATE OF BIRTH:		
PARENTS DETAILS:		
FATHER'S NAME:	MOTHER'S NAME:	
RELIGION:	RELIGION:	
	MAIDEN NAME:	
ADDRESS:		
POSTAL ADDRESS:		
TEL NO FATHER:		
DETAILS OF MARRIAGE: AT:		
NAME OF CITY:	DA	TE:
ARE YOU A REGISTERED MEMBER OF THIS PARIS		
IF NO "WHY NOT"		
GODPARENT(S) DETAILS: ONE GODPARENT MU	ST BE A CONFIRMED	PRACTICING CATHOLIC
FULL NAMES:		
ADDRESS:		
RELIGION:		
FULL NAMES:		
ADDRESS:		
RELIGION:		

STOLE FEES PAID: YES / NO