

## APPLICATION FOR BAPTISM OF CHILDREN

Please complete in BLOCK CAPITALS and return this form to the parish office.

Once completed please make an appointment to meet with either:

Fr. Tony

Tel: 01904 791242 / 07476 778892

Email: frtony@ourladysyork.org.uk

Deacon Peter

Tel: 07341 841006

Email: deacon@ourladysyork.org.uk

### Child's Details

Full name (as on the birth certificate):

Date of birth:

Sex: Male / Female

### Parent(s) Details

Mother's full name:

Mother's maiden name:

Mother's religion:

Father's full name:

Father's religion:

Address (inc. postcode):

Telephone:

Email:

### Godparents

Parents should choose as godparent(s) people who are able to give their child a truly Christian example by the way they themselves live their faith. At least one godparent should be a practising Catholic over 16 years of age.

Name(s) of godmother(s):

Name(s) of godfather(s):

### Declaration by parent(s)

I / We have asked to have our child baptised. By doing so, I / we are accepting the responsibility of bringing up our child in the practice of the Catholic-Christian Faith. It will be my / our duty to bring up our child to keep God's commandments as Christ taught us, by loving God and our neighbour.

By asking for baptism, I / we understand that I / we are taking a very serious and joyful step both for myself / ourselves, and my / our child. I / We understand in particular the commitment to bring our child to a regular parish celebration of Mass so that our faith may be nourished by prayer and worship together with other members of the community.

Mother's signature:

Father's signature:

Date:

Please do not pre-arrange any date for baptism; this will be arranged as part of our preparations.