

ST MATTHEW'S CATHOLIC CHURCH
37 NORWOOD HIGH STREET, LONDON SE27 9JU
Tel: 020 8670 1765 Email: norwoodwest@rcaos.org.uk

BAPTISM REGISTRATION FORM

CHILD'S FIRST NAME.....

CHILD'S SURNAME.....

MALE / FEMALE: DATE OF BIRTH:.....PLACE OF BIRTH.....

HOME ADDRESS:.....

.....

FATHER'S NAME.....

FATHER'S RELIGION: (Roman Catholic/Other Christian Church/ Other).....

FATHER'S PHONE NUMBER:.....

MOTHER'S NAME:.....

MOTHER'S MAIDEN NAME:.....

MOTHER'S RELIGION:(Roman Catholic/Other Christian Church/Other).....

MOTHER'S PHONE NUMBER:.....

GOD FATHER'S NAME:

GOD MOTHER'S NAME:

PLEASE NOTE: One of the godparents **MUST** be a practising catholic. If the godparent is not our parishioner, we will require a letter of identification from his/her parish priest. Parents will also be required to attend a baptism class, which will be scheduled by the parish.

For Office Use Only:

SEEN BY (PRIEST).

DATE:

DATE OF BAPTISM CLASS:

DATE AND TIME OF BAPTISM:

MINISTER OF BAPTISM:

PLEASE NOTE: *It is customary to make a donation to the parish for the baptism of your child.*

GODPARENTS FOR BAPTISM
PLEASE TAKE THIS FORM TO YOUR OWN PARISH PRIEST TO BE AUTHORISED.

Canon 874 of the Code of Canon Law demands that all godparents must be at least 16, and confirmed and practising Catholics.

STATEMENT BY THE PARISH PRIEST OF THE GODPARENT

‘To the best of my knowledge (*insert name of godparent*)

is a confirmed and practising Catholic and is not under 16 years of age.’

Signed _____

Print name _____

Parish Priest of _____

Please return this form along with the Registration Form for the Sacrament of Baptism.

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