

Holy Family Catholic Church

(Diocese of Clifton)

Marlowe Avenue, Park North, Swindon, SN3 2PT, UK. Tel: +44 1793 297 256, Email: Swindon.holyfamily@cliftondiocese.com

APPLICATION FOR BAPTISM		
Surname of	ChildForename(s)	
Date of BirthPlace		
Full Name of FatherReligion		
Full Name o	f Mothernee	Religion
Address		
Telephone Number		
Full Name of Godfather		ptised Catholic? YES / NO
Full Name of Godmother		ptised Catholic? YES / NO
NB: Either Godfather or Godmother must be a baptised practising Catholic		
DATE AND TIME OF BAPTISM (To be agreed with Fr. Nnam Di Obi)		
 Become a Child of God Become a Member of the Church of Christ Share in the Death and Resurrection of Christ Become a Template of the Holy Spirit This involves the serious undertaking to lead a life of attachment to our Lord Jesus Christ. Hence, the parents of the child are asked to answer the following questions: Do you realise that in asking to have your child baptised, you accept the duty of raising him/her in the faith of the 		
Catholic	Catholic Church, so that by observing the commandments, he/she will love in God and neighbour as Christ taught us?	
Will you		erer
2. We/I de We/I un	We/I declare that we/I understand the meaning, the privileges and the duties of baptism. We/I undertake the serious obligation to bring our child to Mass each week and give him/her a Catholic education. We/I have answered the questions truthfully before God. Signatures	
underta	ase of a "mixed" marriage the partner who belongs to another king. If not, he/she is asked to make the following declaration y allow my child to be baptised according to the rite and teach Signature	:
If the child's parents reside of the parish boundaries, the local Parish Priest must give his permission: I, Parish Priest of hereby give permission for the child to be baptised in the parish of Holy Family, Swindon.		
	Signature	Date