

**Baptismal Booking Form**

**Contact Number:** \_\_\_\_\_

**Church:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Baby's Christian Names:** \_\_\_\_\_

**Baby's Surname:** \_\_\_\_\_

**Date of Birth: Day:** \_\_\_\_\_ **Month:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Fathers Name:** \_\_\_\_\_

**Mother's Maiden Name:** \_\_\_\_\_

**Godfather's Name:** \_\_\_\_\_

**Godmother's Name:** \_\_\_\_\_

**Priest:** \_\_\_\_\_

**Consent for the above to be printed in Newsletter or Parish Magazine:**

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_