

DIOCESE OF ARUNDEL & BRIGHTON
St JOSEPH'S CATHOLIC COMMUNITY, GUILDFORD
NOTICE OF BAPTISM

PRESIDING MINISTER: _____

NAME OF CHILD First Name/s: _____

SURNAME: _____

DATE OF BIRTH: _____

MOTHER'S NAME: _____ NEE: _____

MOTHER'S RELIGION: _____

MOTHER'S OCCUPATION: _____

FATHER'S NAME: _____

FATHER'S RELIGION: _____

FATHER'S OCCUPATION: _____

MARRIAGE: Yes / No CHURCH: Yes / No CIVIL: Yes / No

DATE: _____ PLACE: _____

OTHER CHILDREN: _____

ADDRESS: _____

POSTCODE: _____

PHONE No: (Home) _____ MOBILE: _____

E-mail: _____

GODPARENTS: _____

ARE YOU ALREADY ON THE PARISH DATABASE? Yes / No

FOR OFFICE USE ONLY:

Date and Time of Welcoming at Sunday Mass: _____

Date and Time of BAPTISM: _____

Place of Baptism: _____

READINGS: _____

HYMNS / SONGS: _____

ENTERED INTO BAPTISMAL REGISTER: _____

ENTERED INTO PARISH DATA BASE: _____