

St Elizabeth's Scarisbrick – Application for Baptism

*Please return this to the Office at St Elizabeths Church, Hall Road, Scarisbrick
L40 9QE*

Surname of child

Christian name(s)

Date of birth of child

Father's name & religion

Mother's name & religion

Mother's maiden name

Home Address:

.....

.....

Mobile number

Home phone number (if appropriate)

Church of Marriage

Proposed Godfather(s) *

Proposed Godmother(s)*

Preferred date of baptism (if any)

*Please note that godparents must be Catholic

Bernadette Halsall our baptism co-ordinator will arrange to meet with you in church and will agree a suitable baptism date and time (usually 11am).

☞ Both parents must sign the form to confirm the details above, and that they both seek Baptism for their child.

Mother

Date:

Father

Date:

If there is anything else you think we should know, please add in below