

ROMAN CATHOLIC DIOCESE OF HEXHAM AND NEWCASTLE
ST. BENET BISCOP PARTNERSHIP

SACRAMENT OF BAPTISM REQUEST FORM

Candidate's Name
 Candidate's Date of Birth
 Proposed Baptismal Date

Mother's Name Baptised Catholic YES / NO
 Mother's Maiden Name
 Father's Name Baptised Catholic YES / NO
 Family Address

 Post Code
 Home Phone Number (see Note 1)
 Mobile Number (s) (see Note 1)
 Email Address (see Note 1)

Godfather (s) Catholic Y / N
 Godfather (s) Catholic Y / N
 Godfather (s) Catholic Y / N
 Godfather (s) Catholic Y / N
 Godmother (s) Catholic Y / N
 Godmother (s) Catholic Y / N
 Godmother (s) Catholic Y / N
 Godmother (s) Catholic Y / N

I / we agree that I / we will attend the Baptism Preparation Course Meetings and to attend weekly Mass.
 Signed (Parent / Guardian) Date.
 Signed (Parent / Guardian) Date

IMPORTANT

Please note that one of the Godparents **MUST** be a practicing Catholic.
 All Godparents will be recorded on the Baptismal Certificate but only two will be recorded in the Church's Baptism Record Book. Please state which two you wish to be recorded.
 Please complete the Form fully and return to Fr. Manoj Joseph either personally or to the postal address or email address shown below.

NOTE 1: Contacts - where possible please supply all three contact details: if not, supply at least one; if more than one mobile number that should be contacted, please supply all numbers.

Office Record:

Request received
 Parents contacted.
 Baptism Preparation Date.
 Certificate issued
 Baptism Register updated.