



**St. Paul's** and  
Cramlington



**St. John the Baptist**  
Annitsford

**ROMAN CATHOLIC DIOCESE OF HEXHAM & 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 Y/N  
 Mother's Maiden Name .....  
 Father's Name ..... Baptised Catholic Y/N  
 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 .....

