

Archdiocese of Glasgow
St. Joseph's, Helensburgh
41, Lomond Street, Helensburgh, G84 7ET
Tel. (01436) 672 463

BAPTISM APPLICATION FORM

(Please Print)

Child's First Name(s)
Surname:
Gender:
Date of Birth

Father's Full Name:
Father's Religion:

Mother's Full Name:
Mother's Maiden Name:
Mother's Religion:

Place of Current Worship:
Other Children:

Address:
Post Code:
Telephone Number:

Child's Godparent(s)

NOTE: A Godparent is required to be a Confirmed Roman Catholic
(please see attached notes)

Christian Witness(es)
Religion:

FOR OFFICIAL USE ONLY

Celebrant:
Date of Baptism: