

## Holy Cross Parish Helensburgh

## **Baptism Application**

Child's full name:		
Date of birth:	. Hospital:	
Eather's full name:		
Occupation: Da	te of birth:	Religion:
Phone no: Em	nail:	
Mother's full name: (Christian &	family name)	
Occupation: Da	te of birth:	Religion:
Phone no: Em	nail:	
Address:		
	Other Children	
Name	Date of birth	School
Date of Marriage:	Church:	
**	• • • • • • • • • • • • • • • • • • • •	*****
Godparents: Usually there are baptised and confirmed in the C Christian of another church may	atholic Church, and at least	• •
	Catholic Godpare	nt:
	Religion:	
**	•••••	*****
Date booked for child's Baptism	: Celebrar	nt:

Donation gratefully appreciated. Time: Arrival 9:45 for 10am start