

ST THOMAS MORE CATHOLIC CHURCH
32 Field End Road, Eastcote, PINNER, HA5 2QT
Tel: 0208 866 6581
Email: eastcote@rcdow.org.uk

APPLICATION FORM FOR INFANT BAPTISM

Child's First Names:

*(These are the names by which
your child will be Baptised.)*

Child's Surname: _____

Date of Birth: _____

Male / Female *(Delete as appropriate)*

Father's name: _____

Religion: _____

Mother's name: _____

Religion: _____

Mother's Maiden name _____

Name (of Church) and place where you were married: _____

Parents' address: _____

_____ **Postcode:** _____

Telephone/Mobile Number: _____

Email: _____

Name of Godfather: _____ **Religion:** _____

Name of Godmother: _____ **Religion:** _____

Proposed Date of Baptism: _____ **Time:** _____

Protecting your privacy

Your personal details will be held on file and stored on the parish computer securely. After the Baptism program, your details will be entered into the Baptism Register.

You can read our full privacy policy on rcdow.org.uk/diocese/privacy-policy

For office use:

Application form received: _____ HV/BC _____

Parish Register Entry: _____ No.: _____ Certificate sent: _____