

## SACRAMENT OF BAPTISM

**Church of the Five Precious Wounds Catholic Church,  
Brentfield Road, London NW10 8ER, Tel: 020 89653313  
Email: [stonebridge@rcdow.org.uk](mailto:stonebridge@rcdow.org.uk)**

**Registration Form**

## Registration Form

**PLEASE WRITE CLEARLY & IN CAPITALS** The information you give is for the purposes of recording these details in the parish register and baptism register and contacting you in relation to parish activities.

Parents who have not yet received instruction are normally required to attend a baptism preparation class.

MASS ATTENDANCE (Please tick)

Weekly ☐ Fortnightly ☐ Monthly ☐ Less ☐

Which Mass do you usually attend? (please specify the day and time) .....

[illegible]

FIRST AND MIDDLE NAME OF CHILD

7

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ADDRESS WHERE YOUR CHILD LIVES:

[illegible]

DATE OF BIRTH 

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Has your child been baptised before?

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No

[illegible]

The Church strongly recommends that a child is baptised as soon as possible after birth. If your child is more than one year old, please use the space below to indicate, in a few words, why you have chosen this moment to have your child baptised.

[illegible]

FULL NAME OF FATHER


FATHER'S RELIGION

FULL NAME OF MOTHER


MOTHER'S MAIDEN NAME

MOTHER'S RELIGION

GOD FATHER'S NAME

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Is the Godfather Confirmed in the Catholic Church? ☐ Yes ☐ No

GOD MOTHER'S NAME

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Is the Godmother Confirmed in the Catholic Church? ☐ Yes ☐ No

CONTACT TELEPHONE NUMBERS: HOME: ..... MOBILE: .....

EMAIL ADDRESS: .....

Please post or email completed form to the above address or hand to the parish priest or deacon.

Families where Mass attendance is irregular are asked to attend Mass on Sunday for three months before attending a baptism preparation class and setting a baptism date.

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**FOR OFFICE USE:**

Review date .....

Date of baptism class .....

Tick when baptism class attended ☐

Date of baptism .....

(to be set after baptism course completed)

Time of baptism .....

Any other information: