



**St. Catherine of Siena Catholic Church**  
**100 Leatherhead Road, Chessington, Surrey KT9 2HY**

**INFANT BAPTISM APPLICATION FORM**

Please complete and return this form to a member of the clergy.

Child's Surname..... Male

Child's Christian Name(s).....Female   
*(At least one name of Catholic Child should be that of a recognized Catholic saint or Biblical hero)*

Child's Date of Birth..... Child's Place of Birth.....

Father's Name in Full.....

Father's Religion..... Place and date of Baptism.....

Mother's Name in Full..... Maiden Name.....

Mother's Religion..... Place and date of Baptism.....  
*(We require a copy of the Baptism Certificate(s) of the Catholic Parent or Parents)*

Date and Place of Marriage.....

Child lives with:  Both Parents  Mother  Father  Other (Please write name and relationship on back)

Your Present Address.....  
.....  
..... Tel. No.....

Please note that you are required to have at least one godparent (but it is advisable to have one of each sex – male and female) who must be a practising Catholic in good standing with the Church. Please fill in the names overleaf

We, as parents accept the responsibility of bringing up our child in the practice of Catholic Faith.

Signed:.....  
Father Mother

Date..... Date.....

---

**FOR THE USE OF CLERGY ONLY**

Proposed date of Baptism:.....

Minister of Baptism:.....

Date of Baptism Classes.....and.....

Interview with Parish Priest:.....

If the child is living with someone other than one or both parents, please complete this section

Full Name.....

Relationship to the Child.....

Address.....

Tel:.....

\*\*\*\*\*

**FOR THE GODPARENTS (1)**

GODPARENT'S NAME.....

ADDRESS.....

TEL NO.....

PARISH.....

**TO THE PARISH PRIEST:**

Please Father, are you willing to recommend this person for the responsibility of Godparent?

Yes

No

Print Name.....

Signed..... Date.....

*(Please stamp with Parish seal)*

**FOR THE GODPARENTS (2)**

GODPARENT'S NAME.....

ADDRESS.....

TEL NO.....

PARISH.....

**TO THE PARISH PRIEST:**

Please Father, are you willing to recommend this person for the responsibility of Godparent?

Yes

No

Print Name.....

Signed..... Date.....

*(Please stamp with Parish seal)*

**OTHER GODPARENTS / CHRISTIAN WITNESSES**

Godparent / Christian Witness (3) .....

Godparent / Christian Witness (4) .....