

St John the Evangelist RC Church, Gravesend, DA12 1EN
Application for the Sacrament of Baptism
(Please write clearly - this information is for the Certificate and Parish Registers)



Child's First/Chosen Name(s)

Child's Surname

Date of Birth Gender (M) (F)

Place of Birth

Father's Names Religion

Mother's Names Religion

Maiden Name

Address

.....Postcode

Name & Place of Marriage

Phone No Email

How often do you attend Mass? Which Mass do you usually attend?

Godfather(s) (maximum of 4 Godparents on the certificate and in the register please). Godparents need to be practising Catholics. Please get one Godparent complete to attached sheet and their priest to sign.

.....

Godmother(s)

Date of Presentation (before the Baptism)

Proposed Date of Baptism - Sunday's 12 noon.....

We, the undersigned, will attend the preparation sessions for the Baptism

Parents' Signatures

..... Date

When you have completed this application form, please contact the parish office 01474 352415 to make arrangements to attend a short course. Thank you.

For Office Use

Minister's Signature Date of Baptism

Register Ref No Baptism Book No

Parish Priest: Fr Moses Amune MSP Curate: Fr Walter Ezenwosu, MSP



St. John the Evangelist Roman Catholic Church

192 Parrock Street, Gravesend, Kent, DA12 1EN
Tel: 01474 352415
e-mail: gravesend@rcaos.org.uk
www.stjohnsgravesend.co.uk

Parish Priest: Fr Moses Amune MSP
Curate: Fr Walter Ezenwosu, MSP

GODPARENT/SPONSOR REFERENCE

Date :.....

Name of Parishioner:

Address:.....

.....

.....

Telephone number:.....

PARISH PRIEST to complete

I am happy to confirm that the above named person is a member of this parish community and attends our Sunday Mass and is baptized, a communicant and a practicing Catholic and as such is suitable to take on the role and responsibility of Godparent/Sponsor in accordance with Canon 874.

Signed

Name of Priest

Official Stamp/Seal