** CELEBRATION OF BAPTISM**

St Pius X, Stamford Road, Alderley Edge, SK9 7NS, Cheshire

Email [stpiusalderley@gamil.com](mailto:stpiusalderley@gamil.com) Phone 01625582386

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Baptism |  |  |  |  |  |  |  |  | Time |  |  |  |  |  |

Please write clearly in BLOCK CAPITALS the requested information. Baptisms are celebrated on Sundays at 11.30am. If any change of day or time is required please discuss with the priest. If there are more than one baptism, please fill separate forms. If there are more than one godparent, please use additional sheets. Thank you. *(Please post or email scanned copy to the* ***Parish Priest*** *on the above address) Or it can be reached by hand.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD’S INFORMATION** | | | | | | | | | | | | | | | | | | | |
| First and Middle Names | | | | | | | | | | | | | | | | | | | |
| Surname Date of Birth | | | | |  |  | | |  |  | |  | |  | |  |  | |  |
| Place of Birth | Male |  | Female | | |  | | |
| **Parent’s Information** | | | | | | | | | | | | | | | | | | | |
| Father’s Names and Surname | | | | | | | | | | | | | | | | | | | |
| Mother’s Names and Surname | | | | | | | | | | | | | | | | | | | |
| Maiden Name | | | | | | | | | | | | | | | | | | | |
| Father’s Religion Mother’s Religion | | | | | | | | | | | | | | | | | | | |
| **Address and Contact Details** | | | | | | | | | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | |
| Town and Postcode | | | |  | | |  |  | | |  | |  | |  | | |  | |
| Home Phone OR Mobile Phone | | | | | | | | | | | | | | | | | | | |
| **Godparent’s Information (At least one of them should be a Catholic and the other could be a Baptized Christian)** | | | | | | | | | | | | | | | | | | | |
| Godfather’s Full name | | | | | | | | | | | | | | | | | | | |
| Religion | | | | | | | | | | | | | | | | | | | |
| Godmother’s Full name | | | | | | | | | | | | | | | | | | | |
| Religion | | | | | | | | | | | | | | | | | | | |

We/I confirm that all the information provided is true. We/I are requesting the Sacrament of Baptism for our child through St Pius X Parish. It is our intention to raise our child as a Roman Catholic.

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Father’s Signature Date Mother’s Signature

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| --- |
| **Privacy Notice**: The information collected on this form helps with the preparation of the Baptism. Some of the Information that you provide on this form will be entered in to the Baptism Register and stored indefinitely in a secure location in accordance with the laws and procedures of the Roman Catholic faith for future sacramental purposes, (for example confirmation or marriage purposes) and for history. The details that you provide on this form will not be transferred to any third party to use for their own marketing or fundraising purpose. You can read our full Privacy Notice at www.dioceseofshrewsbury.org/about us/privacy-notice. |

*We do not have any fixed fee for Baptisms. Your offerings however small will support the maintenances and upkeeping of this place of worship. Thank you very much. www.stpiusalderley.com*