**Our Lady of the Wayside, Shirley**

**Request for Baptism**

Please complete the following:

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| Child’s name: | Date of Birth: |
| Place of Birth: |
| Address: | Contact Name & Number: |
| Email Address: | |
| Father’s name:  Catholic Y/N | Mother’s name:  Catholic Y/N |
| Godparent’s name: | Godparent’s name: |
| Please note at least one Godparent must be a practicing Catholic. It is preferable to have no more than four Godparents | |
| Preferred Date:  (Cannot be guaranteed) | |
| Please note if you are not normally resident in this parish you will need the permission of your own parish priest for the Baptism to take place.  Signature of Parish Priest: | |
| Additional Information: | |