**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: |