



BAPTISM APPOINTMENT

ST. CHAD'S Stockport Road, Cheadle, SK8 2AF

Parochial Administrator: Fr. Sean Davidson

Tel: 0161 4282480 email:stchadsheadle@gmail.com

PLEASE PRINT CLEARLY AND RETURN COMPLETED FORM TO THE PRESBYTERY

Father's Full Name: _____

Mother's Full Name: _____

Mother's Maiden Name: _____

Address: _____

_____ Post Code: _____

Tel: _____ Email: _____

Child's Full Name: _____

(Male/Female)

Date of Birth: _____ Proposed Date of Baptism _____

Once we have received your form, we will contact you to confirm/rearrange the date

Godfather: _____

Godmother: _____

**Please Note: There should be at least one godparent. Godparents must be Roman Catholics.
(A non-Catholic may be an official Christian Witness.)**

It is customary to make a donation to the church at the time of the Baptism
[Roman Catholic Diocese of Shrewsbury is a Registered Charity]

[Information given will only be used in compliance with the Data Protection Act 1998]

Privacy Notice The information collected on this form helps with the preparation of the Baptism and First Forgiveness and First Holy Communion. Some of the information that you provide on this form will be added to the Baptism Register of your child 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 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/aboutus/privacy-notice.

FOR OFFICE USE ONLY

Date confirmed: _____ Celebrant: _____ Entered in Baptism Register: _____

Details entered on database: _____