

BAPTISM REQUEST

ST. CHAD'S Stockport Road, Cheadle, SK8 2AF Parochial Administrator: Fr. Louis Charuvila Pappy

Tel: 0161 4282480 email:<u>stchadscheadle@gmail.com</u>

Please print clearly and bring the completed form with you when you attend the Baptism Course.

Child's Full Name:	
(Male/Female)	
Date of Birth:Date of Baptism	
Please note that Baptisms take place on the 2^{nd} and 4^{th} Saturday of the month at 1.30pm.	
The date for the Baptism will be arranged when you attend the Baptism course	
Father's Full Name:	
Mather's Full Norma	
Mother's Full Name:	
Mother's Maiden Name:	
Address:	
Post Code:	
Tel:Email:	
odparents: Please note there may only be one Godmother and one Godfather (It is also possible to have ne Godparent). Godparents must be Roman Catholics (a non-Catholic may be an official Christian Witner)	
le Gouparent). Gouparents must de Roman Cathones (à non-Cathone may de an ornelai Christian Withe	55)
Godfather:	
Godmother:	
It is customary to make a donation to the church at the time of the Baptism	
[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, (eg 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. Read our full Privacy Notice at www.dioceseofshrewsbury.org/aboutus/privacy-notice.

FOR OFFICE USE ONLY Date confirmed: YES/NO

Celebrant: ____

Entered in Baptism Register: YES/NO