

***BAPTISM ENQUIRY FORM: ST MICHAEL'S CATHOLIC CHURCH,  
LINLITHGOW***

Name of child.....

Date of Birth.....

Name of Mother.....

Name of Father.....

Address.....

.....

Telephone.....

Email.....

Name(s) of  
Godmother(s).....

.....

Name(s) of  
Godfather(s).....

.....

*Godparents must be baptised Christians and at least one should be a Catholic.  
Unbaptized friends and relatives can act as witnesses*

Preferred date of Baptism.....

*Baptisms can be carried out on a Saturday 12 Noon or Sunday at 1pm, or  
during 11.30 Mass.*

*I agree/ do not agree? to these details being kept on the Parish Data  
Base*