***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*