## Pre-baptismal Enquiry Form

## St. Peter's Catholic Church 208 High Street, Bloxwich, WS3 3LA

Telephone: 01922 476 765 Email: stpeters.bloxwich@rcaob.org.uk

| Agreed Date for this Baptism is  | Time             |
|--|------------------|
| Child's First Names  |                  |
| Child's Surname.   |                  |
| Child's Date of Birth.   |                  |
| Father's Name.   | Catholic? Yes/No |
| Mother's Name.   | Catholic? Yes/No |
| Child's Mother's Surname before she married.   |                  |
| Current Home Address.  |                  |
|  |                  |
| A Phone Contact.   |                  |
| God-parents to Child.  |                  |
| Witness  |                  |
| Administration Fee £30.  |                  |
| <b>Points To Consider</b> You only need two God-parents who have to be Catholic and over 16 years of age. A non-Catholic Christian may stand alongside the godparents as a witness.  |                  |
| Please make sure that godparents, family members, and guests, know exactly where the Church is and that they arrive in good time. Please remember there is to be no eating and drinking in the Church. If there are guests who do not know about the Catholic Church perhaps you can let them know about expectations of going into Church. These will be discussed at the pre-baptismal meeting.  |                  |
| A certificate of baptism will be given to you after the ceremony. If the required then there is an administration fee of £10 for reissuing the second contract of the second contract |                  |
| <b>Legal Question</b> It may be the case that a separated partner will have a right to decisions involving their child. Having a child baptised is considered such a decision. When you fill in this form and sign it you are declaring that such consent, if required, has been sought and given to you.  |                  |
| Signed by  |                  |