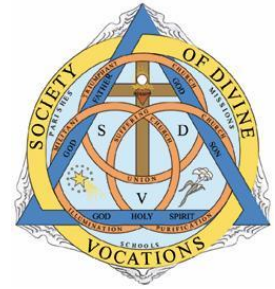




ST MARY'S THE MOUNT PARISH

Vocationist Fathers
 Glebe Street
 WALSALL -W, MIDLANDS
 WS1 3NF
 Tel. 01922 622633
 e-mail: stmarysthemountparish@yahoo.co.uk



BAPTISM APPLICATION FORM

CHILD			
FULL NAME			
DATE & PLACE OF BIRTH			
ADDRESS			
POST CODE		Tel.	
PARENTS	NAME		RELIGION
FATHER			
MOTHER			
MOTHER'S MAIDEN NAME			
HOW OFTEN DO YOU ATTEND MASS	Regularly	Occasionally	Not at all
	FATHER <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MOTHER <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MARITAL STATUS	MARRIED YES/NO		
	If No, are you a Single Parent Yes/No OR Living with your Partner Yes/No		
IF MARRIED	Church of Marriage		
	Place of Marriage		
	Is this your First Marriage	Father YES/NO	Mother YES/NO
GODPARENTS	At least one godparent must be a confirmed Catholic aged 16 or over		
	NAME	RELIGION	CONFIRMED
GODFATHERS			YES/NO
			YES/NO
			YES/NO
GODMOTHERS			YES/NO
			YES/NO
			YES/NO
BAPTISM DATE:		TIME:	
DATE OF MEETING: 1 st	TIME:	Given by:	
2 nd	TIME:	Given by:	
CONTACT NUMBER:	Fr. Salvatore or Fr Justin 01922 622633		