



Holy Trinity Catholic Church
Parish Priest: Fr Michael O'Donoghue, VF
Address: The Presbytery
 Boundary Road
 Newark NG24 4AU
Tel: 01636 704936
E-mail: fmjod@holytrinitynewark.org.uk

Baptism Enquiry Form

NAME OF CHILD

DATE OF BIRTH

FATHER'S NAME

MOTHER'S NAME

MAIDEN NAME

PARENT'S ADDRESS

.....

.....

POSTCODE.....

TELEPHONE Email

PARENTS' PARISH

PERMISSION RECEIVED (IF NOT Holy Trinity) YES/ NO

PLACE OF PARENT'S MARRIAGE

FATHER'S RELIGION

MOTHER'S RELIGION

NAMES OF 1)

GODPARENTS 2)

DECLARATION OF PARENTS

I/We the undersigned parents of.....
 Declare that it is our intention to educate him/ her in the knowledge and practice of the Catholic faith.

Signed: Father Mother

Witnessed:

TIME & DATE OF BAPTISM.....

TO BE COMPLETED BY THE CATECHIST

HAVE THE PARENTS RECEIVED SUFFICIENT INSTRUCTION: Y/ N

BAPTISM PERFORMED BY: