



## **St Carthage's Parish Baptism Form**

**Date of Baptism:** Sunday    /    /20

**Time:** Please tick or circle one below.

⇒10.00am during Mass (Individuals).

⇒11.15am in a group.

**Full Name of Baby/Child /Adult:**

**Date of Birth:**     /     /

**Full Name of Mother (maiden name only):**

**Full Name of Father:**

**Home Address:**

**Contact details:**

**Telephone:**

**Email:**

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**Name of Godparent:**

**Name of Godparent:**

**(Optional)Name of Godparent:**

**(Optional) Name of Godparent:**