

ST. SIMON AND JUDE  
5 HILLSIDE ROAD  
STREATHAM HILL, LONDON  
SW2 3HL

**BAPTISMAL APPLICATION FORM**

CHILD'S SURNAME .....

CHILD'S CHRISTIAN NAMES.....

MALE / FEMALE            DATE OF BIRTH .....

ADDRESS .....

.....

TELEPHONE NUMBER .....

FATHER'S NAME .....

FATHER'S RELIGION .....

MOTHER'S NAME .....

MOTHER'S RELIGION .....

MOTHER'S MAIDEN NAME.....

MARITAL STATUS .....

NAME AND ADDRESS OF  
CHURCH WHERE MARRIED.....

**IF HAVING TWO GOD PARENTS – ONE OF THE GOD PARENTS MUST BE A PRACTISING CATHOLIC  
IF HAVING FOUR GOD PARENTS – TWO OF THE GOD PARENTS MUST BE PRACTISING CATHOLICS**

GOD FATHER - 1 .....

GOD FATHER - 2 .....

GOD MOTHER - 1 .....

GOD MOTHER - 2 .....

SEEN BY (PRIEST) .....            DATE .....

TO START INSTRUCTION ..... (8:00 pm) Attended: 1.....    2.....    3.....

TO BE BAPTISED ..... at 15:00 (3.00pm)

**PLEASE NOTE**

*IT IS CUSTOMARY TO MAKE AN OFFERING TO THE CHURCH FOR THE BAPTISMAL CEREMONY*