

**BAPTISM REGISTRATION PROGRAMME**  
*Please return completed form to the Parish Office:*  
**Cathedral House, North Circus Street, Nottingham. NG1 5AE**

**CHILD TO BE BAPTISED:**

SURNAME:

FIRST NAME(S):

Male

Female

ADDRESS:

NATIONALITY:

DATE OF BIRTH:

**FATHER:**

SURNAME:

FIRST NAME(S):

Phone:

Mobile:

Email:

The Father of the child is Roman Catholic

The Father of the child is Anglican, or

If none of the above apply, please state denomination/religion: .....

**MOTHER:**

SURNAME:

FIRST NAME(S):

Maiden Name:

Phone:

Mobile:

Email:

Married:

Date:

Church:

R. Catholic

Protestant

Civil

The Mother of the child is Roman Catholic

The Mother of the child is Anglican, or

If none of the above apply, please state denomination/religion: .....

**GODPARENTS:**

Male

SURNAME

FIRST NAME:

A Practising Catholic

Female

Yes  No

Male

SURNAME

FIRST NAME:

A Practising Catholic

Female

Yes  No

Male

SURNAME

FIRST NAME:

A Practising Catholic

Female

Yes  No

Male

SURNAME

FIRST NAME:

A Practising Catholic

Female

Yes  No

**Which Mass do  
you normally  
attend:**

**St Barnabas Cathedral**

Saturday @ 6.30pm

Sunday @ 8.00am

10.00am

11.15am

6.00pm

**St Augustine of England**

Saturday @ 6.00pm

Sunday @ 11.00am

**DECLARATION OF PARENTS**

We (I) have asked to have our (my) child \_\_\_\_\_ baptised.

In doing so, we are (I am) accepting the responsibility of training him/her in the practice of the Faith. It will be our (my) duty to bring him/her up to keep God's commandments as Christ taught us, by loving God and our neighbour. We (I) clearly understand what we are (I am) undertaking.

Date: .....

Father's signature

Mother's signature

**Baptism Preparation Course attended: Yes:  No:  (If yes proof may be required).**

**Course held at:**

**Year:**

**Donation of £**

**enclosed for Cathedral Costs.**