

St Mary's Cathedral Parish, Sale

**RITE OF WELCOME &
BAPTISM BOOKING FORM**

Priest who Baptised

.....

M

Gender Please circle

F

Name of Candidate:

Date of Birth: ____/____/____

Place of Birth:

Father's Name: First name: Middle name:

Surname: Religion: Mobile no.:

Email Address:

Mother's Maiden surname: First name: Middle name:

Surname: Religion: Mobile no:

Email Address:

Parents Address:

Please include Postcode

Place of Marriage of Parents:

Godparent: (Name in full) Religion:

.....
First Middle Surname

Godparent: (Name in full) Religion:

.....
First Middle Surname

At least one Godparent must be Catholic and made all Sacraments

Baptisms: SALE: 2nd & 3rd Sundays of each month or by appointment

STRATFORD: 1st & 3rd Sundays 9.30am

ROSEDALE: Saturday 5.30pm

BRIAGOLONG: 2nd & 4th Sundays 9.30am Mass

RITE OF WELCOME

.....
(DAY & DATE)

.....
(PLACE)

.....
(TIME)

BAPTISM

.....
(DAY & DATE)

.....
(PLACE)

.....
(TIME)