**BAPTISM ENQUIRY FORM (Infants)**

*Please complete form in BLOCK CAPITALS* and return by post or hand to **Parish Priest, Ss Mary & David’s RC Church, 15 Buccleuch Street, Hawick, TD9 0HH** or email to [catholic363@gmail.com](mailto:catholic363@gmail.com)

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| --- | --- |
| **Child’s Full Name (*please underline SURNAME)*** |  |
| **Date of Birth** |  |
| **Parents’ Names** | **Father:**  **Mother:**  **Mother’s maiden name:** |
| **Address** |  |
| **Telephone Number** |  |
| **Email Address** |  |
| **Godparents’ Names**  ***(Godparent’s must be practicing Catholics over 16 years of age. You may have one male or one female Godparent or one of each).*** | **Godfather:**  **Godmother:** |
| **When would you like the Baptism?** |  |
| **Place of Baptism** |  |