



**OUR LADY OF VICTORIES**



**235a Kensington High Street,  
London W8 6SA**

**Tel: 0207 937 4778**

**Fax: 0207 937 4221**

**e-mail: kensington1@rcdow.org.uk**

**Course Completed**

**Date:**

- |    |  |     |    |
|----|--|-----|----|
| 1. | Do you, as parent's of this child, regularly practise your Catholic Faith?   | Yes | No |
| 2. | In asking to have your child baptised, are you accepting the responsibility of the training of your child in the practice of the Catholic Faith?                     | Yes | No |
| 3. | Do you accept it as your duty to bring up your child to keep God's Commandments as Christ taught us, by loving God and our neighbour?                                | Yes | No |
| 4. | Do the Catholic parents and godparents undertake to make their lives examples of faith to inspire this child by regularly attending Mass and receive the Sacraments? | Yes | No |

**INFORMATION FOR BAPTISM**

**WHEN COMPLETING THIS FORM BY HAND, PLEASE, PRINT NEATLY**

Name of child:

Male

Female

Address:

Date of Birth:

Proposed date of Baptism:

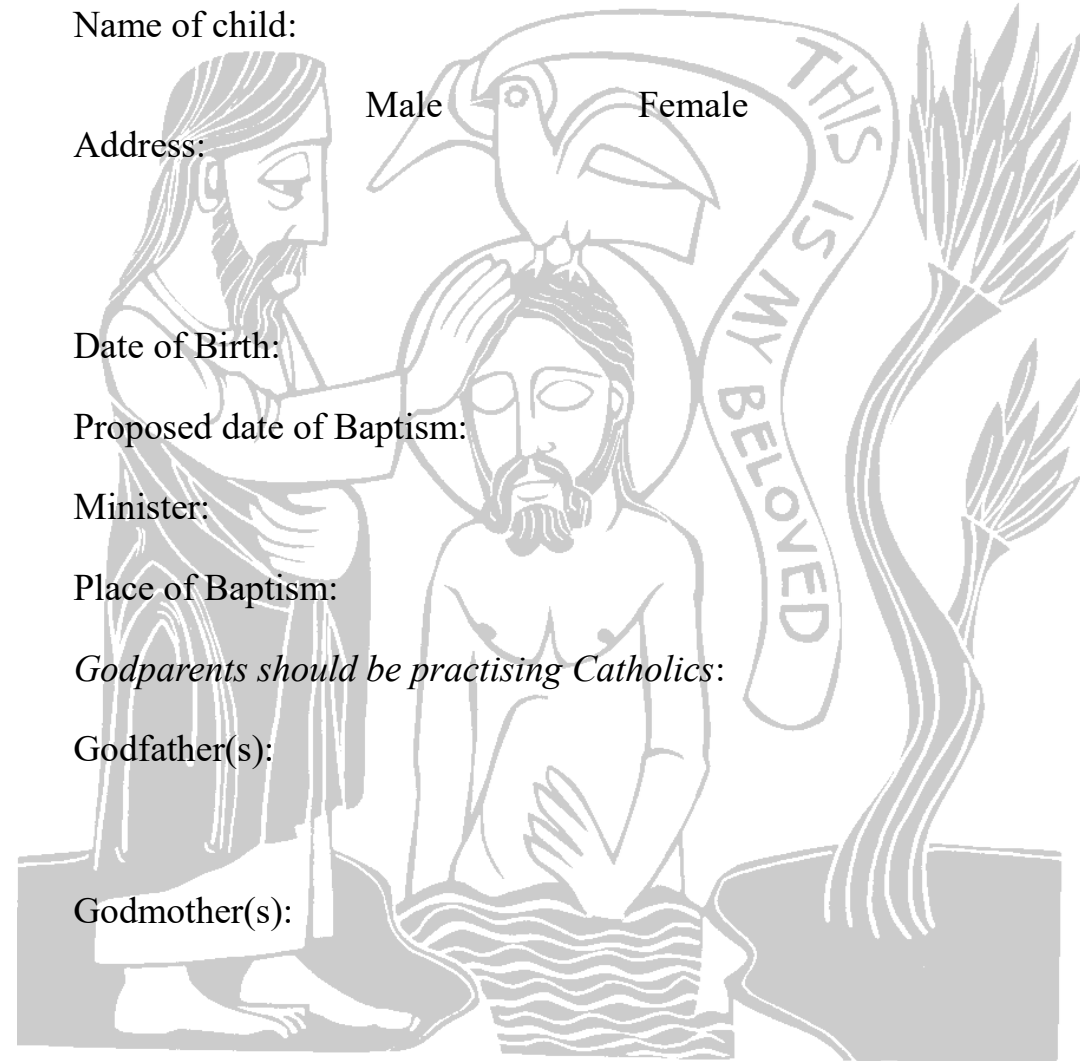
Minister:

Place of Baptism:

*Godparents should be practising Catholics:*

Godfather(s):

Godmother(s):



***It is customary at time of Baptism to make an offering towards the work of the Parish.***

**DECLARATION BY PARENT**

I do solemnly declare that the information I have given is true.

Mother:

Digital Signature

Manual Signature

Father:

**Protecting your privacy**

Your personal details will be held on file/stored on the parish computer securely. After the Baptism program, your details will be entered into the Baptism Register and the hard copies will be destroyed.

**Mother**

Name:

Maiden Name:

Present Address:

Telephone Number:

Mobile Number:

Email:

Present Religion:

Church and Place of Baptism:

First Holy Communion:      Yes                  No

Confirmation:                  Yes                  No

Place of Marriage:

How long have you been resident in the Parish?

**Father**

Name:

Present Address:

Telephone Number:

Mobile Number:

Email:

Present Religion:

Church and Place of Baptism:

First Holy Communion:      Yes                  No

Confirmation:                  Yes                  No

Length of residence in the parish if different from Mother:

|   |
|---|
| <p>Details entered in the Register by.....</p> <p>Registry Number:.....</p> <p>Volume:.....</p> |
|---|