



St Agatha's Roman Catholic Church

(1894; 1899; Cons. 25th June 1914)

King's Road, Kingston-Upon-Thames

Rev. Fr. Francis Olaseni, MSP – Parish Priest & Hospital Chaplain

Rev. Fr. Peter Akor, MSP – Assistant Priest & Hospital Chaplain

Rev. Robert Beresford — Deacon

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BAPTISM APPLICATION FORM

Parish Registration:

A) *Registered Parishioners:* Children whose parents are registered parishioners of St Agatha are granted priority for the Sacrament of Baptism.

B) *Non-parishioners:* Register to become a parishioner immediately. The 'FAMILY REGISTRATION FORM' can be found on the parish website.

C) *From Another Parish:* We require a letter from the Priest of your own Parish granting permission to have your child baptised in our parish.

Child's Chosen Name.....

Child's Surname.....

Date of Birth..... Gender (M) (F)

Place of Birth.....

Father's Full Name..... Religion.....

Mother's Full Name..... Religion.....

Mother's Maiden Name.....

Address.....

..... Postcode.....

Parish where you are registered (if not St Agatha, please see parish registration notes above)

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How often do you attend Mass? Father: weekly, monthly, never or other

 Mother: weekly, monthly, never or other

Name and Place of Marriage.....

Contact Telephone no.....

Contact Email address.....

Please continue over...../

GODPARENTS: Canon Law states that godparents should be at least 16 years of age, practicing Catholics and should be fully initiated into the Catholic Church – that is, they have received the sacraments of Baptism, Eucharist, and Confirmation – and be living a life in harmony with the Catholic faith. One godparent, male or female, is sufficient but there may be two or more. Another person, a baptised Christian, may witness the baptism along with the Catholic godparent.

Please provide the full names, religion and current parish of the Godparents:

Godfather.....	Godfather.....
Religion.....	Religion.....
Current Parish Name and Location:	Current Parish Name and Location:
Godmother.....	Godmother.....
Religion.....	Religion.....
Current Parish Name and Location:	Current Parish Name and Location:

Proposed Date of Baptism.....

Please note that Baptisms take place on Sundays at 12pm, unless otherwise agreed with the Parish Priest.

Has this date been agreed with the Parish Office? Yes / No

We, the undersigned, will attend the next Preparation Class for Baptism on:

.....

We understand that at our child's baptism, we will make a solemn promise before God to bring our child up in the practice of the Catholic faith. In asking to have our child baptised, we acknowledge our responsibility for the education of our child in the faith. With God's help we promise to carry out that responsibility through both word and example.

Parents' Signature(S) Date.....

..... Date.....

Registration of Baptism

The parish records the baptism of your child in the Parish Baptismal Register. This record includes the full names of the child, parents and godparents, the child's date of birth, the date of the baptism and the name of the officiating Priest. A Certificate of Baptism will be issued by the Parish Office when requested. Please contact the Parish Office to make this request on 02085464633 or email kingston@rcaos.org.uk

For Office Use

Date of Baptism Preparation Class Attended:	Agreed Time and Date of Baptism:
Priest's Signature:	Date of Baptism
Register Ref No.	Baptism Book No.