**BAPTISMAL INFORMATION**

ST. DOMINIC’S CHURCH – NATIONAL SHRINE OF DIVINE MERCY

EMAIL ADDRESS: stdominicbb@gmail.com

TEL: 428-7677

**Child’s Christian & Surname Names**:

**Date of Birth**:

**Mother’s Name**: **Maiden Name**:

**Mother’s Religion**:

**Address & Telephone Nos**:

**Father’s Name**:

**Father’s Religion**:

**Address & Telephone** **Nos**:

**Godmothers**:

**Godfathers**:

We/I the undersigned accept the church teaching on baptism and will bring up our/my child as a catholic.

……………………………………………………………….….. …………………………………………………………………

Signed by parents

**Additional information**:

**Date requested:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Requirements**: **At least one godparent must be Roman Catholic**.

Indicate which godparent is catholic on the form.

A minimum contribution of BDS$ 80 is payable on the day of Baptism for each child or before at the Parish Office.

Remember to bring a candle and a wax guard!!!