ST JOHN FISHER CATHOLIC CHURCH
207 CANNON HILL LANE
MERTON
SW20 9DB

020 8542 6355

RITE OF BAPTISM
NON DOMICILE FORM

PLEASE PRINT CLEARLY OR USE BLOCK CAPITALS WHEN COMPLETING THIS FORM

DEAR FATHER.....

PARISH PRIEST OF.....

I AM REQUESTING PERMISSION TO HAVE MY INFANT/CHILD (NAME).....

TO BE BAPTISED AT ST JOHN FISHER CATHOLIC CHURCH, MERTON. I UNDERSTAND FOR THIS SACRAMENT TO BE CONFERRED BY THE ORDAINED MINISTERS OF ST JOHN FISHER CATHOLIC CHURCH, MERTON, YOU MUST PROVIDE PERMISSION FOR THIS TO TAKE PLACE. PLEASE FILL OUT THE FOLLOWING AND POST IT TO ST JOHN FISHER CATHOLIC CHURCH, MERTON.

THANK YOU.

PARENT/GUARDIAN.....

SIGNATURE.....DATE.....

FOR THE PARISH PRIEST

PARISH NAME.....

ADDRESS:.....

.....

PHONE:..... E-MAIL.....

I GRANT PERMISSION FOR THE PARENTS/GUARDIANS OF THE INFANT/CHILD LISTED ABOVE TO CELEBRATE THE SACRAMENT OF BAPTISM AT ST JOHN FISHER CATHOLIC CHURCH, MERTON.

PARISH PRIESTS SIGNATURE.....

DATE.....