



DIOCESE OF EUROPE
CHAPLAINCY OF AQUITAINE
BAPTISM APPLICATION

DATE _____ TIME _____ PLACE _____

Candidate's Christian names/ surname :

Date, place of birth:

Father's name :

Father's Occupation:

Mother's name :

Mother's Occupation

Address:

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Telephone / email:

French contact address (if not resident in Aquitaine)

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Local church (if not resident in Aquitaine)

Name, address of local minister/vicar (ditto)

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Godparents' Names:

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NB: Godparents have to be baptized themselves.

Other Notes:

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*When completed, please return to Chaplaincy Administration:
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