

# SAINT NINIAN CATHOLIC CHURCH

20 Station Road De Kuilen Kuils River 7580  
 P O Box 310 Kuils River 7579  
 Tel: 021 903-6961 Fax: 086 208 1967 Cell: 074 763 4920  
 Email: whithornhouse@telkomsa.net  
 Website: stninianskuilriver.org  
 Parish Priest: Rev Father Raphael Thomas  
 Deacon: Rev Johann Baartzes



## REGISTRATION FOR INFANT BAPTISM

Please write clearly in block capitals

Planned Giving No. _____ NB: Applicant/s from other parishes to provide a referral letter from their relevant Parish Priest
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Child's full name: \_\_\_\_\_ Saint's Name: \_\_\_\_\_  
 Child's Date of birth: (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year) \_\_\_\_\_

Mother's full name: \_\_\_\_\_ Father's full name: \_\_\_\_\_  
 Mother's Maiden name: \_\_\_\_\_ Father's Denomination: \_\_\_\_\_  
 Mother's Denomination: \_\_\_\_\_

Are you married? If "yes", please give the name and address of the place where you were married.

Name of Church/ Registry Office: \_\_\_\_\_ Place: \_\_\_\_\_  
 Date of Marriage: (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year) \_\_\_\_\_  
 Your current address: \_\_\_\_\_  
 Telephone number: (home) \_\_\_\_\_ (mobile) \_\_\_\_\_

How often do you attend Saturday evening 18h00/ Sunday 08h00/ Sunday 10h30 Mass? Please circle one

Every week	Twice a month	Once a month	Occasionally	Never
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Name of Godfather: \_\_\_\_\_ Name of Godmother: \_\_\_\_\_  
 Parish Community: \_\_\_\_\_ Parish Community: \_\_\_\_\_

**One Godparent is necessary. He/she must be a Roman Catholic.**

**Church Canon Law states: "...a godparent or sponsor must be a Confirmed Roman Catholic who lives the life of Faith..."**

**Other persons will be Christian Witnesses**

Names of Christian Witnesses (if applicable):

1) \_\_\_\_\_ 2) \_\_\_\_\_

Names of other children	Date of birth			Date and place of Baptism		
	dd	mm	yyyy	dd	mm	yyyy

Date of Baptism: (This date can only be entered once you have confirmed it with the Parish Office)

Time: \_\_\_\_\_ Date: \_\_\_\_\_