**ST. CONSTANTINE’S BAPTISM REQUEST FORM**

**BAPTISMS TAKE PLACE ON SUNDAYS AT 11am.**

**PREFERRED DATE:**

**CHILD’S NAME:**

**DATE OF BIRTH:**

**PARENTS/CARERS:**

**ADDRESS:**

**TEL:**

**EMAIL:**

**GODPARENTS**:

**PLEASE RETURN TO DEACON MICHAEL:**  Michael.odonnell@rcag.org.uk



**St. Constantine’s, 53 Uist Street, Govan G51 3XW**