



APPLICATION FOR BAPTISM

Note:

FULL NAME OF CHILD

- Please Fill-up the form and then click on the SUBMIT button for the form to be emailed automatically to our Parish Office. 1.
- Please ensure that all spelling are correct, as this information will be used to prepare your Child's Baptism Certificate. 2.
- 3. We will send you a confirmation e-mail and additional information once we received the form electronically.

Street Suburb State Post Code	DATE OF BIRTH							Male	[]	Female	[]	
NAME OF PARENTS Mother's Maiden Name	PLACE OF BIRTH											
NAME OF PARENTS Mother Mother's Maiden Name Mother Permission Letter []												
Mother's Maiden Name	NAME OF PARENTS	Father						Reli	gion			
PARISH Street Suburb State Post Code State Post Code Post Code		Mother						Religion				
Street Suburb State Post Code		Moth	ner's Ma	aiden Name								
State Post Code	PARISH				Permission Letter [[]	
Suburb State Post Code	HOME ADDDESS	Street						_			-	
MOBILE Father Mother EMAIL ADDRESS At least one of the God Parent must be Catholic NAME OF GODFATHER/S 1 Religion Religion NAME OF GODMOTHER/S 2 Religion Religion 2 Time Date CONFIRMED [] Phone [] Verbal Date PREPARATION MEETING DATE TIME 7.00p.m. BAPTISM DATE TIME 11.30a.m.	HOIVIE ADDRESS	Suburb		State					Post Code			
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NAME OF GODFATHER/S 1	CONTACT INFORMATION	NC	Home				Work					
At least one of the God Parent must be Catholic NAME OF GODFATHER/S 1	MOBILE					Mother						
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COMMENT	BAPTISM DATE						TIMI	E	11.30	a.m.		
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