

ST MADELEINE SOPHIE PARISH, KENTHURST

28 Annangrove Road, Kenthurst NSW 2156
Ph: 9654 2260 Email: stmads@yahoo.com.au

Application Form for Baptism

Your Child

Christian Name _____ Surname _____

Date of Birth _____ Place of Birth _____

Requested Date for Baptism _____

() During 10am Sunday Mass (except 4th Sunday) () After 10am Mass on 4th Sunday at 11.20am
(please tick)

Parents & Family

Father's Full Name _____ Religion _____

Mother's Full Maiden Name _____ Religion _____

Does either parent belong to an Eastern Rite of the Catholic Church, e.g. Maronite? ____

Address _____ Postcode _____

Phone Number: _____ Mobile _____ Email: _____

Other Children – Names and Date of Birth

Parish and Church Involvement

Where married? Catholic Church at _____ or elsewhere _____

Place of Worship _____ () Regularly () Occasionally () Rarely *(please tick)*

Godparents – Full Name

1. _____ Religion _____
2. _____ Religion _____
3. _____ Religion _____
4. _____ Religion _____

Sessions to attend:

Baptismal preparation: Date: _____ attended

Presentation: Date: _____ attended