



Application Form for Baptism

Your Child

Christian Name _____ Surname _____

Date of Birth _____ Suburb of Birth _____ Gender M F

Requested Date for Baptism _____

Parents & Family

Father's Full Name _____ Religion _____

Mother's Full Name _____ Religion _____

Mother's Maiden Name _____

Address _____ Postcode _____

Phone Number _____ Mobile _____

Email _____

Other Children - Names and Date of Birth

Parish and Church Involvement

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

Godparents

Please note one Godparent must be Catholic

Godfather's Full Name _____ Religion _____

Godmother's Full Name _____ Religion _____

Sessions to attend:

Baptismal preparation: Date: _____ attended | Presentation: Date: _____ attended