

OFFICE USE ONLY		Referred to: Rev'd.....
Baptism:	Date	Time
Phone interview:	Date	Initial
Preparation session:	Date	Initial

APPLICATION FOR BAPTISM

CANDIDATE'S DETAILS (PLEASE PRINT IN CAPITALS)

Surname:			
Christian Names:			
Date of Birth:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other

PARENT/GUARDIAN (PLEASE PRINT IN CAPITALS)

OCCUPATION

Mother/guardian:			
Father/guardian:			
Address:			
Suburb:	Postcode:	Email:	
Phone:	Mobile:		

OTHER CHILDREN

Name/s and Age/s:

GODPARENTS' FULL NAMES (N.B. GODPARENTS MUST BE BAPTISED PEOPLE)

Name:	Baptised? <input type="checkbox"/> Yes
Name:	Baptised? <input type="checkbox"/> Yes
Name:	Baptised? <input type="checkbox"/> Yes
Name:	Baptised? <input type="checkbox"/> Yes

PREFERRED BAPTISM DATES

Baptism Date (1 st pref.):		Preferred Baptism dates will be taken into consideration, however confirmation of availability will be made during your initial appointment with the Clergy.
Baptism date (2 nd pref.):		
Notes:		

◆◆◆ PLEASE RETURN COMPLETED FORMS TO THE PARISH OFFICE DIRECTLY OR VIA EMAIL OR POST ◆◆◆