

The Parish of St. Thomas The Apostle

ABN: 99 062 245 718
251 Diamond Creek Road
Greensborough North, VIC, 3088
Phone: (03) 9434 7373
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St. THOMAS the APOSTLE PARISH GREENSBOROUGH

APPLICATION FOR BAPTISM

NAME of CHILD: _____

DATE of BIRTH: _____

REQUESTED MONTH of BAPTISM: _____ TIME: **12:00pm Sharp**

(Baptism date will confirmed by Parish Secretary)

FATHER'S NAME: _____

RELIGION: _____

MOTHER'S NAME: _____ Maiden Surname: _____

RELIGION: _____

WHERE MARRIED: (If Applicable) _____

HOME ADDRESS: _____

EMAIL: _____

PREFERRED CONTACT NO: _____

GODPARENTS: _____ RELIGION: _____

GODPARENTS: _____ RELIGION: _____

GODPARENTS: _____ RELIGION: _____

GODPARENTS: _____ RELIGION: _____

(At least one godparent must be a Catholic who has received the Sacraments of Baptism, Confirmation and the Eucharist.)