ST CHRISTOPHER'S PARISH
<u>2024</u> BAPTISMAL APPLICATION

CHILD'S FULL NAME: ....

DATE OF BIRTH: .... PLACE OF BIRTH: ....

FATHER'S FULL NAME: ....

FATHER'S RELIGION: ....

MOTHER'S FULL NAME: ....

MOTHER'S MAIDEN NAME (required on Baptism Certificate): ....

MOTHER'S RELIGION: ....

ADDRESS: _____

EMAIL: ....

TELEPHONE: ....

> ** *Please note if you do not live in the Parish zone (Airport West, Keilor Park, Tullamarine or Keilor, you will need to contact your local Parish to obtain <u>Permission to Baptise outside the Parish</u>. Please send Permission to us with your application.*

GODPARENT/S NAME/S: RELIGION:

1. _____   CATHOLIC *(first godparent must be Catholic)*

2. _____   ....

3. _____   ....

4. _____   ....

*** One Godparent is sufficient but there may be two or more. At least one Godparent needs to be Catholic. A non-Catholic person can be a Godparent only in company with a Catholic Godparent. <u>Catholic Godparent needs to be first.</u>*

WELCOME MASS DATE (refer to schedule for Mass options): _____ / _____ / 2024   ***<u>Family must attend with child being baptised</u>*

(please tick one):
- ☐ Saturday 5.00pm *(during Mass)* at St Christopher's Church, Airport West
- ☐ Sunday 9.00am *(during Mass)* at St Augustine's Church, Keilor Park
- ☐ Sunday 10.30am *(during Mass)* at St Christopher's Church Airport West

BAPTISM DATE: _____ / _____ / 2024

(please tick one):
- ☐ Sunday 9.00am *(during Mass)* at St Augustine's Church, Keilor Park
- ☐ Sunday 10.30am *(during Mass)* at St Christopher's Church Airport West
- ☐ Saturday 11.00am *(Baptism Ceremony only)* at St Christopher's Church Airport West

I hereby certify that all the information I provided on this form is true and correct.

Name: _____   Signature: ....

Date: _____

Completed Application Form to be emailed to airportwest@cam.org.au
Payment of $250 is required to confirm your booking. Please contact Parish Office on 9338 3793.