



PARISH OF MELTON

10 Unitt St Melton. Email melton@cam.org.au
St Catherine of Siena Church, 108 Bulmans Rd Melton West

BAPTISM DATE

TIME:

APPLICATION FOR BAPTISM

APPLICANT: (PLEASE USE CAPITAL LETTERS)

CHILD: Christian Names..... Male / Female

Surname..... *Please supply a copy of the Birth Certificate*

Date of Birth.....Place of Birth.....

MOTHER: Full Name.....

Maiden Name..... Religion.....

Mobile

FATHER: Full Name.....

Religion..... Mobile

FAMILY ADDRESS

..... Home Phone

Marriage Status of Parents:.....

Email Contact

GODPARENTS:

Full Name: Catholic:

Full Name: Catholic:

WITNESS (This is a non-Catholic Godparent):

Full Name: Christian:

Full Name: Christian:

NOTE: THIS FORM MUST BE FULLY COMPLETED BEFORE BAPTISM DATE IS ACCEPTED

Other Children/ Date of Birth.

.....

Office Use Only: Birth Certificate Yes / No

Permission Letter Yes / No

Baptism No/Page: Census Priest: