



# PARISH OF MELTON

10 Unitt St Melton. Email [melton@cam.org.au](mailto:melton@cam.org.au)  
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:

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: .....