

Parish of St Vincent de Paul 2 The Crossway Strathmore, Victoria, 3041

Telephone: 03 9412 8460 Strathmore@cam.org.au

ABN: 81 513 567 016

BAPTISM REQUEST FORM

Child's Full Name:				
Date of Birth:				
Father's Full Name:				
Occupation				
Religion:				
Mother's Full Name:				
Including Maiden Surname				
Occupation:				
Religion:				
	T			
Address:				
Phone Number:				
Email Address:				
Godparents:	(1)			
Godparents.				
	(2)			
Other Children	Date of Birth		School/Occupation	
(1)				
(2)				
(3)				
	-1			
OFFICE USE ONLY				
Date of Meeting:				
Date of Baptism Preparation:				
Date of Welcome Rite:				
Date of Baptism:				
Noted in Baptismal Register:		Noted in PACS:		