



Parish of St Justin Wheelers Hill

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BAPTISM APPLICATION

Please fill in and return to St Justin's Parish Office.

PLEASE FILL IN WITH BLOCK LETTERS

FULL NAME OF CHILD			
PREFERRED DATE OF BAPTISM			
ADDRESS			
EMAIL			
HOME PHONE		MOBILE	
DATE OF BIRTH			
PLACE OF BIRTH			
PARENTS			
FATHER'S NAME		RELIGION	
MOTHER'S NAME		RELIGION	
MOTHER'S MAIDEN NAME			
GODPARENTS			
GODPARENT 1		RELIGION	
GODPARENT 2		RELIGION	

<i>Parish Office Use Only</i>				
Date of Baptism	/ /	Time		Confirmed
Date of Baptism Prep Meeting	/ /	Attended BPM		
Date Letter /Offering Envelope / Practicalities Doc posted	/ /	Returned Baptism Offering		