



# Parish of St Justin Wheelers Hill

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## BAPTISM APPLICATION FORM

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

*Please fill in with block letters*

CHILD					
Full name of child					
Date of birth		Place of birth			
PARENTS					
Father's name			Religion		
Mother's name			Religion		
Mother's maiden name					
Address					
Email					
Home phone			Mobile		
Your parish if different than St Justin's			Letter from Parish Priest	Yes:	
GODPARENTS					
Godparent 1			Religion		
Godparent 2			Religion		
Preferred date of baptism					
<i>For Church Use</i>					
Date of Baptism:			Time:		
Confirmed:					
Attended Baptism Preparation meeting	Yes:			Date:	
Returned Baptism Offering:	Yes:				