

Application Form for Baptism

Parish Office 13 Davisson Street Epping, Vic 3076 Ph: 94016300

Email: epping@cam.org.au

Grace and peace be yours	
in abundance (1 Deter 1:2)	

Full Name of Child:	
Date of Birth:	Male/ Female
Father/ Male Guardian Name	
Mr	
Address	
Estate Name: (if applicable)	
Phone: (H)(W-switch)(W-direct)	(Mobile)
Email address:	
Religion:	
Does the child live with this parent/guardian YES NO	Occupation:
Mother/ Female Guardian	
Mrs/Ms	
Address	Postcode
Estate Name: (if applicable)	
Phone: (H)(W-switch)(W-direct)	(Mobile)
Email address:	
Religion: <u>Child's Mother</u>	s Maiden Name
Does the child live with this parent/guardian YES NO	Occupation:
Baptismal Child's Brothers or Sisters Names	
Name:	DOB:
Name:	DOB:
Name:	DOB:
Godparent/s Name/s	
Name:	
	Religion
Name:	Religion
Name:	Religion
A Godparent must be not less than 16years of age.+There must be one Sacraments of Christian Initiation; Baptism, Confirmation and Eucharist and Church. There may be a second Godparent who may be a baptized non Cath Church, representing the Christian Community. 1/We understand that our chand we know that it is my/our responsibility to educate the child in the practic The information you have supplied on this form will be shared with the mission	I belongs in an active sense to the Catholic holic who is an active member in his/her own hild in being baptized in my/our Catholic faith the and knowledge of the faith.

Signature of Parents:

Mother

Father

FOR OFFICE USE ONLY

Community: St Peter's

Visited:	Parish Pack	yes/no
Census card:		
Preparation Session		
Welcome Rite		
Date		
Time:		
Rite of Baptism:		
Date:		
Time:		
Stole:		
Entry in Bulletin:		
Baptised by		
Rev.		
Registered:		
Other Comments by Team Members		