



Application Form for Baptism

Parish Office
13 Davisson Street
Epping, Vic 3076
Ph: 94016311
Email: epping@cam.org.au

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

Full Name of Child:.....

Date of Birth:..... Male/ Female

Father/ Male Guardian Name

Mr.....
AddressPostcode.....
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.....
AddressPostcode.....
Estate Name: (if applicable)
Phone: (H).....(W-switch).....(W-direct).....(Mobile).....
Email address:.....
Religion: Child's Mother'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 Catholic Godparent who has received the Sacraments of Christian Initiation; Baptism, Confirmation and Eucharist and belongs in an active sense to the Catholic Church. There may be a second Godparent who may be a baptized non Catholic who is an active member in his/her own Church, representing the Christian Community. 1/We understand that our child in being baptized in my/our Catholic faith and we know that it is my/our responsibility to educate the child in the practice and knowledge of the faith.

The information you have supplied on this form will be shared with the Parish to assist with its role and mission

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