



APPLICATION FORM FOR BAPTISM

Register No. _____

Child's Full Name: _____

Date of Birth: _____

Home Address: _____

Telephone Number: _____

Home Parish: _____

Father's Surname: _____

Father's Christian Names: _____

Mother's Maiden Name: _____

Mother's Christian Names: _____

Proposed Date of Baptism: _____

Time: _____

Godfather's Name: _____

Godmother's Name: _____

Priest's Name: _____

Date and Time of Interview with Priest: _____

Please note that at least one Godparent must be a Catholic.