



OFFICE USE ONLY

Register No. _____ / _____

Entered: Register PACS

Date:

Notification Sent:

BAPTISM APPLICATION FORM

CHILD'S FULL NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

HOME ADDRESS: _____

SUBURB: _____ POSTCODE: _____

EMAIL: _____ CONTACT NUMBER: _____

FATHER'S GIVEN NAME: _____

FATHER'S SURNAME: _____ RELIGION: _____

MOTHER'S GIVEN NAME: _____

MOTHER'S MAIDEN SURNAME: _____ RELIGION: _____

DATE & PLACE OF MARRIAGE: _____

PROPOSED DATE OF BAPTISM: _____

PROPOSED TIME: 1.30pm 2.00pm 3.00pm

NAME OF PRIEST OR DEACON: _____

CONTACT DETAILS OF PRIEST OR DEACON: _____
(Phone and Email)

GODPARENT'S NAME: _____ RELIGION: _____

GODPARENT'S NAME: _____ RELIGION: _____

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Application: **APPROVED** Date: ____ / ____ / ____ Signed: _____

TERMS AND CONDITIONS

I/We agree that the above information is correct and wish to apply for the Sacrament of Baptism for our child in St Mary's Cathedral.

I/We have read the guidelines for Baptism as specified by St Mary's Cathedral and agree to adhere to them.

We require the signature of at least one parent

SIGNED: _____

RELATIONSHIP TO CHILD: _____

NAME: _____

DATE: _____

CHECKLIST

The following documents must be attached/presented prior to your application being approved.

- Baptism Application Form
- Priest Acceptance Form
- Permission Form from your local Parish
(if you reside outside of the Cathedral parish boundary)

This form must be completed, signed and returned to the Special Liturgies Officer