



BAPTISM APPLICATION FORM

OFFICE USE ONLY

Register No. _____ / _____

Entered: ☐ Register ☐ PACS

Date: _____

☐ Notification Sent: _____

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)

GODFATHER'S NAME: _____ RELIGION: _____

GODMOTHER'S NAME: _____ RELIGION: _____

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

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)