



Catholic Parish of Applecross
St Benedict's Church

BAPTISM REQUEST FORM

OFFICE USE ONLY

DATE OF BAPTISM: _____

TIME: 11.30AM

PARENT INTERVIEW DATE: _____

TIME: _____

PRIEST'S NAME: _____

BAPTISM DETAILS

Name of Candidate (In Full): _____ BOY / GIRL

Date of Birth: _____ Place of Birth: _____

Father's Full Name: _____

Religion: _____ (If Catholic, please provide a copy of Baptismal Certificate)

Mobile No: _____

Mother's Full Name: _____ Maiden Name: _____

Religion: _____ (If Catholic, please provide a copy of Baptismal Certificate)

Mobile No: _____

ADDRESS: _____

Email: _____

GODPARENTS DETAILS: (Catholic Godparents to provide a copy of their Baptism Certificate)

Full Name*: _____

Religion: _____ Parish Attending: _____

Full Name*: _____

Religion: _____ Parish Attending: _____

Full Name*: _____

Religion: _____ Parish Attending: _____

***PLEASE NOTE:** All godparents must be Christian and at least one godparent **MUST BE A CATHOLIC**, who has received the Sacraments of Confirmation and Eucharist. All godparents must be over the age of 16 years of age.

A NON-BAPTISED PERSON CANNOT BE A GODPARENT.

- By applying for Baptism of this Child, you are confirming that you are acting within your legal rights, as the parent or guardian of this child, to have the child baptised.
 YES or NO (please tick)
- Is there any legal reason preventing or prohibiting this child from being baptised (including any Family Court Order or restriction)
 YES or NO (please tick)
- Do you consent to the publication of your child's name in our Parish Bulletin?
 YES or NO (please tick)

Mother's Signature: _____ Father's Signature: _____

Certificate Printed

Copies of Baptism Certificates Received

Admin Fee of \$50 Paid