Catholic Parish of Applecross
St Benedict's Church

BAPTISM REQUEST FORM

OFFICE USE ONLY

DATE OF BAPTISM:_____ **TIME: SUNDAY @10.45AM**

PARENT INTERVIEW DATE AND 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 Paid*

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