



**Catholic Parish of Applecross**  
**St Benedict's Church**

**BAPTISM REQUEST FORM**

**OFFICE USE ONLY**

DATE OF BAPTISM: \_\_\_\_\_

TIME: SATURDAY @11.30AM or SUNDAY @3PM

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 Paid