

REQUEST FOR BAPTISM

Date:

Please fill out in clear CAPITAL letters and return to:

**Parish Office
49 Cloris Avenue
Beamaris, Victoria 3193**

DETAILS OF CHILD:

Baptismal Name (s).....

Surname:

Date of Birth:

DETAILS OF PARENTS:

FATHER: Names and Surname:

Religion:

Occupation:

MOTHER: Names and Maiden Name (for Church records):

Religion:

Occupation:

Address:

.....

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Phone Number:

Mobile:

Email: (clearly)

How long have you lived in the parish?

Place of marriage:

DETAILS OF GODPARENTS (sponsors) Godparents need to be a confirmed and baptised Catholics

Names:

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OTHER CHILDREN:

<u>Name</u>	<u>Date of Birth</u>	<u>School</u>
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IF YOU DO NOT LIVE IN THE PARISH BOUNDARIES, WHY DO YOU WANT YOUR CHILD TO BE BAPTISED IN OUR PARISH?

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WHY DO YOU WISH TO HAVE YOUR CHILD BAPTISED?

Reason 1:

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Reason 2:

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HOW WILL YOU BRING UP YOUR CHILD IN THE KNOWLEDGE AND PRACTICE OF THE CHRISTIAN FAITH?

Means 1:

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Means 2:

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To be filled in by the Parish Office on receipt of the application:

PREPARATION:

Held at

Stella Maris Church
2 Charlotte Road, Beaumaris

Date:

Time:

PRESENTATION:

Held at

Stella Maris Church
2 Charlotte Road, Beaumaris

Date:.....

Time:

CEREMONY:

Date of baptism:

Time of Baptism: 12pm

Baptisms are normally held at Stella Maris unless otherwise requested. (Please indicate your preference)

Location: St Joseph's Church, Black Rock
Stella Maris Church, Beaumaris

OFFICE USE:

Date Received:

Baptismal register	Godstart data:	1 st birthday	send card
Noted in census		2 nd birthday	send card
Copy in Godstart		3 rd birthday	invite to group meeting, card
Original in file		4 th birthday	prayer book