**St Mel’s Parish, Campsie**

Date of Baptism ………………….

Time ……………………………..

7 Evaline Street, Campsie NSW 2194

Phone 9787 1582 Fax 9718 1315

stmelscampsie@bigpond.com

**Application for Baptism**

Surname ………………………………………………………………………...…

Christian Name/s …………………………………………. Sex …………..…….…

Date of Birth ………………..…….. Place of Birth …………..…..…………….…..

Father’s Name ………………………………………… Religion …….……………

Mother’s Full Maiden Name …………...………………. Religion ….…..……….…..

Address ………………………………………………………….….….………..…

…………………………………………………………….…………....…

Phone Number …………….…………..… Mobile ……………...…….…….……...

Home Parish ………………………………………………………..…….…….….

God Father ……………………………………………. Religion ………..………..

God Mother …..……………………………….….……. Religion ………………...

(One Godparent must be Catholic)

Thank you.

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**Office Use Only**

Notes: ……………………………………………………………………………

……………………………………………………………………………

Baptismal Preparation Required? …………………………...…………..………..…

Baptised by .………………………………..……...… on …………………..……

Register No ………..…Logged in Register……………Logged in PACS……………

Notification to other Parish ……………………………………………………….