**St Mel’s Parish, Campsie**

Date of Baptism ………………….

Time ……………………………..

7 Evaline Street, Campsie NSW 2194

Phone 9787 1582

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 ….…..……….…..

Date of marriage……….. ….. Church and place where you were married ……………..

………………………………………………………………………………….

Names of any older children………………………………………………………….

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

Home phone number …………….…….… Mobile ……………...…….…….……...

Email……………………………………………………………………………..

Godfather ……………………………………………. Religion ………..………..

Godmother …..……………………………….….……. Religion ………………...

(Godparents must be Catholic, aged 16 or over, and already confirmed. One of 2 godparents may be Orthodox.

No more than 2 godparents).

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**Office Use Only**

Notes: ……………………………………………………………………………

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

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

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

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