

Child First Name:	Child Middle Name	e: Chil	d Surname:
Child Date of Birth:	,	Child Place of Birth	ı:
Child Home Address:			
Father Full Name:			Father Religion:
Father Address:			
Father Phone Number:	I	Father Email Addre	2 SS:
Mother Full Name:		Mot	ther Maiden Name:
Mother Address (if different to	father):	Mot	ther Religion:
Mother Phone Number:	ı	Mother Email Addr	ress:
Marriage Status of Parents:			

Godparent 1 Full Name:	Godparent 1 Religion:			
Godparent 2 Full Name:	Godparent 2 Religion:			
Proposed Baptism Date:				
Proposed Welcome Mass Date:				
Preparation Seminar Date:				
REMINDER Ensure you include the following attachments when you eman Parish Office: * Copy of Birth Certificate * Copy of Baptism and Confirmation Certificate for Catholic Corpy of Baptism Certificate for Christian Witness (if applications)	Godparent			
OFFICE USE ONLY				
Birth Certificate Provided	Census			
Permission Letter	Entered in Register			
Baptism Date:				
Register Number:				