

St Declan's Parish Penshurst

92 Penshurst St, Penshurst NSW 2222
9580-1310 declans@tpg.com.au

Date of Baptism: _____
Sunday 12.30pm

Application for Baptism

Please print clearly using BLOCK LETTERS

Last Name: _____

Christian Name: _____ Gender: M/F _____

Second name(s) _____

Date of Birth: _____ Place of Birth: _____

Father's Name: _____

Religion: _____

Mother's Name: _____

Maiden Name: _____

Religion: _____

Address: _____

Phone Number: _____ Mobile: _____

Email: _____

Are you a member of St Declan's Parish?: _____

Have you had previous children baptised at St Declan's Church?: _____

Name/s: _____

If you had children baptised at another Church the name of the Child and

Church: Name(s): _____

Church: _____

Baptised (please tick): ROMAN CATHOLIC OTHER (Please Specify): _____

Godparents must be Christian (Baptised), aged 16 years or above and not be a parent of the child. One Godparent must be a Baptised and Confirmed Catholic.

Godparent(s): _____ Religion: _____

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Office Use Only

Baptismal Preparation meeting (1st Child) on
Tuesday 5.30pm-6.30pm Date attended: _____

Met with Priest: _____

Baptised by: _____ Date: _____