

# St Declan's Parish Penshurst

92 Penshurst St, Penshurst NSW 2222  
9580-1310 [declans@tpg.com.au](mailto:declans@tpg.com.au)

Date of Baptism: \_\_\_\_\_  
Sunday 12.15pm

## 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 ?:** \_\_\_\_\_

**Is this your first Child being baptised in the Catholic Church?:** \_\_\_\_\_

**Have you had previous children baptised at St Declan's Church?:** \_\_\_\_\_

**If you had children baptised at another Church the name of the Child and Church:** **Name(s)** \_\_\_\_\_

**Church:** \_\_\_\_\_

**One Godparent must be a Baptised Confirmed Catholic over 16 years of age and not a parent of the child.**

**Godparent(s):** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Godparent(s):** \_\_\_\_\_ **Religion:** \_\_\_\_\_

\*\*\*\*\*

### Office Use Only

**Baptismal Preparation meeting (1<sup>st</sup> Child) on**  
**Tuesday 5.30pm-6.30pm Date attended:** \_\_\_\_\_

**Met with Priest:** \_\_\_\_\_

**Baptised by:** \_\_\_\_\_ **Date :** \_\_\_\_\_