BAPTISM APPLICATION

GREENACRES WALKERVILLE CATHOLIC PARISH

Parish Office Address
56-80 Princes Rd
Greenacres
SA 5086

Phone: 8261 6200

Email:
admin@gwparish.org.au

Website:
www.gwparish.org.au

St Monica's Church
90 North East Road
Walkerville

St Martin's Church
Cnr Muller & Hampstead Rds
Greenacres

OFFICE USE ONLY	
Officiating Priest:	
Certificate Prepared:	
Payment Received:	
Baptism Register:	
Questionnaire Received:	
Parish Census:	
Permission Received:	

We ask that our child be baptised into the Catholic Church.

Child's Family Name: _____

Child's Given Names: _____

Child's Gender: __ Male __ Female

Date of birth: _____ Place of birth: _____

Address: _____

_____ Postcode: _____

Mother's Details:

Family name:_____ Given Name(s): _____

Maiden Name if applicable: _____

Religion: _____ Phone No: _____

Email Address: _____

Father's Details:

Family name:_____ Given Name(s): _____

Religion: _____ Phone No: _____

Email Address: _____

Godparent's Details:

(at least one godparent must be a confirmed Catholic over the age of 18)

God Parent 1:

Name: _____

Religion: _____

Godparent 2:

Name: _____

Religion: _____

Date of Baptism: _____

(The date must be accepted by the celebrant)

Church/Time: _____

Date of presentation: _____

(To be held within the month before the baptism)

We understand and accept our responsibility of bringing up and training our child in the practice of the Catholic faith, to help our child to love God and our neighbours, to assist our child to participate in the life of the Catholic Church community.

Parent's signatures: Mother Father

_____ _____

Date: _____ _____