



# Immaculate Heart of Mary Catholic Church



6 Kerrinea Rd. Sefton NSW 2162  
Tel: 02 9644 4026 Fax: 02 9743 7407  
Email: office@ihmsefton.org.au

## APPLICATION FOR BAPTISM

Surname .....  
Baptism: Time .....  
Day: ..... Date .....

### 1. THIS SECTION TO BE COMPLETED BY THE PARENT, APPLICANT OR PARISH SECRETARY (PLEASE PRINT CLEARLY)

CHILD'S SURNAME: ..... FULL CHRISTIAN NAMES: ..... M / F

DATE OF BIRTH: ..... PLACE OF BIRTH (SUBURB/STATE).....

FATHER'S FULL NAME: ..... RELIGION: .....

MOTHER'S FULL NAME: ..... RELIGION: .....

MOTHER'S MAIDEN NAME: ..... ADDRESS OF PARENTS: .....

EMAIL: ..... PHONE: (H) ..... (M) .....

PLACE OF MARRIAGE: ..... DATE OF MARRIAGE: .....

GODFATHER'S NAME: ..... RELIGION: .....

GODMOTHER'S NAME: ..... RELIGION: .....

*I have carefully checked the names and dates recorded above and find them to be correct:-*

PARENT OR APPLICANT'S NAME: ..... SIGNATURE: .....

### 2. PREPARATION MEETING & BOOKING : THIS SECTION TO BE COMPLETED BY THE PRIEST OR PARISH SECRETARY

ATTENDANCE AT INSTRUCTION REQUIRED  OR EXCUSED  .....

PREPARATION INSTRUCTION MEETING IN THE CHURCH : DATE: ..... TIME: .....

INTERVIEWED BY PRIEST /STAFF NAME: ..... ON: .....

### 3. THIS SECTION TO BE COMPLETED BY THE CELEBRANT

BAPTISM CONFERRED ON DATE: ..... BY: CELEBRANT'S NAME: .....

SIGNATURE OF CELEBRANT: .....

### 4. THIS SECTION TO BE COMPLETED BY THE REGISTRAR

BAPTISM REGISTRY ENTRY COMPLETED ON ..... BY: .....

OTHER NOTES: (Eg. Names of extra Godparents)  
.....  
.....  
.....