



SAINT FRANCIS XAVIER
CATHOLIC CHURCH **ARMADALE**

BAPTISM APPLICATION FORM

DETAILS OF CANDIDATE

Family Name: _____

Given Names/s: _____

Date of Birth: _____

Place of Birth: _____ **MALE OR FEMALE**

(please circle)

DETAILS OF FAMILY

FATHER OF CHILD

MOTHER OF CHILD

Full Name:	_____	Full Name:	_____
Address:	_____		
Contact No:	_____	Contact No:	_____
Email:	_____	Email:	_____
Religion:	_____	Religion:	_____
If Christian, baptised?	_____	If Christian, baptised?	_____

BAPTISMAL COMMITMENT

- ✓ We accept the responsibility to bring up our child in the practice of our Catholic faith.
- ✓ We accept that it is our duty to bring up our child to keep God’s commandments as Jesus taught us by loving both God and neighbour.
- ✓ One or both of us will attend a baptismal information meeting [*held on the first Thursday of every month at 6pm*]

By typing or signing your name in the space provided you indicate acceptance:

Mother: _____ Father: _____

DETAILS OF CEREMONY

DATE	TIME	CHURCH	LOCALITY	CELEBRANT
_____	_____	_____	_____	_____

DETAILS OF GODPARENTS/CHRISTIAN WITNESS

Full Names	Religion
_____	_____
_____	_____
_____	_____

FOR OFFICE USE ONLY:

Date Application Received:	Staff:
Date of Baptismal Preparation:	Attended? YES/NO
Membership Entered/Updated?	YES/NO Staff: