



**SAINT FRANCIS XAVIER**  
CATHOLIC CHURCH **ARMADALE**

**BAPTISM APPLICATION FORM**

**DETAILS OF CANDIDATE**

Family Name:

Given Name/s:

Date of Birth:  Mother's Maiden Name:

Place of Birth:  MALE OR FEMALE (please circle)

**DETAILS OF FAMILY**

<b>FATHER OF CHILD</b>		<b>MOTHER OF CHILD</b>	
Full Name:	<input type="text"/>	Full Name:	<input type="text"/>
Address:	<input type="text"/>		
Contact No:	<input type="text"/>	Contact No:	<input type="text"/>
Email:	<input type="text"/>	Email:	<input type="text"/>
Religion:	<input type="text"/>	Religion:	<input type="text"/>
If Christian, baptised?	<input type="text"/>	If Christian, baptised?	<input type="text"/>

**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:

Father:  Mother:

**DETAILS OF CEREMONY**

DATE	TIME	CHURCH	LOCALITY	CELEBRANT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**DETAILS OF GODPARENTS/CHRISTIAN WITNESS**

Full Names	Religion
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**FOR OFFICE USE ONLY:**

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

CONFIDENTIAL