



Address: 2 College Rd, CLAREMONT WA 6010
 Parish Office: Phone: 9384 0598
 Email: claremont@perthcatholic.org.au
 Office Hours: Tue/Wed/Fri 9.30am-3.30pm

<u>Office Use Only</u>	
Date of Baptism.....	Time.....
Priest.....	
Parent Interview Date.....	Time.....
Baptismal Candle Required?	Yes/No

BAPTISM DETAILS

Name of Candidate (in Full)..... BOY or GIRL

Date of Birth.....

Place of Birth.....

Mother's Name (in Full).....

Mother's Maiden Name (Surname).....

Religion.....

Father's Name (in Full).....

Religion

Address.....

Telephone Nos: Home..... Work..... Mobile.....

GODPARENTS' DETAILS:

Full Name*..... Religion.....

Full Name*..... Religion.....

Full Name*..... Religion.....

***PLEASE NOTE:** All godparents must be Christian and at least one godparent **MUST BE** a Catholic who has received the Sacraments of Confirmation and Eucharist. All godparents must be over 16 years of age. **A NON-BAPTISED PERSON CANNOT BE A GODPARENT.**

- By applying for the Baptism of this Child, you are confirming that you are acting within your legal rights, as the parent or guardian of this child, to have the child baptised.
 YES or NO (please tick)
- Is there any legal reason preventing or prohibiting this child from being baptised (including any Family Court Order or restriction)?
 YES or NO (please tick)
- Do you consent to the publication of your child's name in our Parish Bulletin?
 YES or NO (please tick)

Mother's Signature..... Father's Signature.....

