

# GUARDIAN ANGELS PARISH BAPTISM APPLICATION FORM

OFFICE USE ONLY:  Approved  Hold

Date of Baptism: \_\_\_\_\_  
DD / MM / YYYY

Baptism Seminar attended: Yes / No / DATE: \_\_\_\_\_

Copies Attached:  Birth Certificate  Baptism Certificate of parent  \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Notes: \_\_\_\_\_

## APPLICATION FOR THE BAPTISM OF A CHILD

By Parent(s)

(Please print in capital letters/upper case)

1. I, the undersigned,  Mother  Father  
apply to have this child baptised according to the Rite of the Catholic Church

Child's Last Name \_\_\_\_\_ Given Name(s) \_\_\_\_\_  Male  Female

Birth Date (DD/MM/YYYY) \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

### 2. PARENT INFORMATION

Father \_\_\_\_\_ Baptized Y/N Religion \_\_\_\_\_

Surname \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Occupation \_\_\_\_\_

Mother \_\_\_\_\_ Baptized Y/N Religion \_\_\_\_\_

Maiden Name \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Occupation \_\_\_\_\_

Address if different from above \_\_\_\_\_

Do you live in the parish area? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Are you registered with the parish? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

If **no** to both questions, why do you want to have your child baptized at Guardian Angels Parish?

