



All Hallows Catholic Church Five Dock

2 Halley St
Five Dock, NSW 2046
Ph: (02) 9713 7960

Web: <https://www.allhallows.org.au>
Email: admin@allhallows.org.au

Application for Baptism

**Please print clearly as this information is used to create the baptismal certificate.*

Child's Full Name: _____ M / F (Please circle)

Date of Birth: _____ Place of Birth: _____

Father's full name: _____ Religion: _____

Mother's full maiden name: _____ Religion: _____

Address: _____

Contact Phone number: _____ Email address: _____

Name and suburb of your current parish: _____

Marital status: Married Single Never validly married
 Separated Divorced Widowed

Church / Place of marriage: _____ Date: _____

Was this a Catholic Church? Yes No If not, what denomination was it? _____

Godfather's name: _____ Religion: _____

Godmother's name: _____ Religion: _____

Please Note:

- Only one Godparent is necessary (male or female).
- It is NOT customary to have more than two Godparents (Godfather and Godmother).
- Godparents must be 16 years of age or older.
- Provided one Godparent is a fully-initiated Catholic, a non-Catholic who is a baptised and believing Christian may be the other Godparent.
- Please provide a copy of your child's birth certificate.
- You must attend the Rite of Welcome which will be held at the 10am mass on the day of the baptism.

I give permission to All Hallows, Five Dock to record the personal details on this form. (Please tick)

I give permission for photos to be taken at my child's baptism. (Please tick)

Signature: _____ Date: _____

..... *This section to be completed by the parish office*

Interviewed by: _____ Date: _____

Date of Baptism: _____ Time: 11am

Celebrant at Baptism: _____

Certificate

Baptismal register

PACs

Bulletin