

St Simon the Apostle Parish, Rowville
Baptism Application Form

PREFERRED DATE AND TIME OF BAPTISM:

(SEE CALENDAR FOR AVAILABLE DATES)

SATURDAY AT 11.30 A.M.

SUNDAYAT 12.30 P.M.

**BAPTISM PREPARATION DATE
(7.30PM - 8.30PM)**

BAPTISM RITE OF WELCOME DATE

PLEASE CIRCLE YOUR CHOICE OF MASS TIMES:

(SATURDAY 6.00PM & 11.00AM)

**(PLEASE NOTE : YOU WILL BE NOTIFIED OF THE CONFIRMED
DATE AFTER THE APPLICATION FOR BAPTISM IS PROCESSED)**

CHILD'S FULL NAME

.....
(SURNAME) (CHRISTIAN NAMES)

DATE OF BIRTH / / GENDER : M F

FATHER'S NAME
(SURNAME) (CHRISTIAN NAMES)

FATHER'S RELIGION (COPY OF BAPTISM CERTIFICATE REQUIRED)

CATHOLIC

OTHER,
(PLEASE SPECIFY)

MOTHER'S NAME
(SURNAME) (CHRISTIAN NAMES)

(MAIDEN NAME).....

MOTHER'S RELIGION (COPY OF BAPTISM CERTIFICATE REQUIRED)

CATHOLIC

OTHER
(PLEASE SPECIFY)

HOME ADDRESS

EMAIL ADDRESS

HOME PARISH

HOME PHONE NO.

MOBILE NOS. FATHER'S

MOTHER'S

GODPARENTS' DETAILS:

(PLEASE NOTE: IT IS ESSENTIAL THAT AT LEAST ONE GODPARENT IS A BAPTISED AND CONFIRMED CATHOLIC. A PERSON (ADULT) BAPTISED IN ANOTHER CHRISTIAN DENOMINATION CAN BE A "CHRISTIAN WITNESS" AND PARTICIPATE IN THE BAPTISM CEREMONY IN THE SAME WAY AS A GODPARENT.

NAMES
CATHOLIC YES / NO

NAMES
CATHOLIC YES / NO

NAMES
CATHOLIC YES / NO

NAMES
CATHOLIC YES / NO

HAVE YOU PARTICIPATED BEFORE IN A BAPTISM PREPARATION PROGRAM? YES / NO

OTHER BAPTISED CHILDREN IN THE FAMILY:

NAME**DATE OF BIRTH** / /

NAME**DATE OF BIRTH** / /

NAME**DATE OF BIRTH** / /

AN OFFERING IS REQUESTED TO COVER THE MANY COSTS INVOLVED IN PROVIDING BAPTISM FOR YOUR CHILD. THE STANDARD OFFERING IS \$80 PER CHILD.

PAYMENT OPTIONS :

CASH / CHEQUE ENCLOSED

- **CREDIT CARD : NAME ON CARD**

.....

VISA / MASTERCARD / AMEX

...../...../...../.....

EXPIRY DATE: /

OFFICE USE ONLY :

P.I.F : Y / N

CENSUS

INITIALS