MARY MOTHER OF THE CHURCH CATHOLIC PARISH IVANHOE

Application for Baptism

[PLEASE PRINT CLEARLY AND USE BLOCK LETTERS]

Office Use Only:
BAPTISM DATE _____
TIME _____
CHURCH _____
PREP SESSION _____

Details of CHILD to be baptised:

Christian Names _____ Surname _____

Baptismal Saint's Name St. _____

Date of Birth _____/_____/_____ Sex of Child _____

Birthplace (City/Town) _____ _____ Country _____

Details of PARENTS

Father's name in full _____

Religion: _____ Are you Baptised? _____ Confirmed? _____

Mother's name in full (**with MAIDEN surname**) _____

Religion: _____ Are you Baptised? _____ Confirmed? _____

Address _____

Email _____

Telephone Home _____ Mobile _____

Name of your Parish Church _____ Town _____

Only for serious pastoral reasons can the Parish Priest of Ivanhoe baptise a child whose family does not live in the Parish. In such cases written permission must be given by your own Parish Priest. If you do not live in the Parish of Ivanhoe you must speak to your own Parish Priest regarding the pastoral reasons for seeking Baptism outside of your home parish and if permission is given ask him to sign this form.

In accordance with Canon 857.2 I herby give my permission for the above named child, resident in the Parish of _____, to be Baptized in the Parish of Mary Mother of the Church Ivanhoe.

Name of Parish Priest _____ Parish Seal and Date

Signature of Parish Priest _____ ____/____/_____

Please complete details on back page

Details of SPONSOR(S)

- One sponsor is required, two (but no more) are permitted.
- Sponsors must be practicing Catholics who have been Baptised and Confirmed, received the Eucharist and be over 16 years of age.
- A baptised non-catholic who belongs to another Christian Church may act as a witness in addition to having one Catholic sponsor.

1: Name in full _____

Religion: _____

Name of Church & Parish where Baptised _____

Name of Church & Parish where Confirmed _____

2: Name in full _____

Religion: _____

Name of Church & Parish where Baptised _____

Name of Church & Parish where Confirmed _____

Proposed Place, Date and Time of BAPTISM (See information sheet for times of Baptism in the Parish) This will be confirmed by the Parish Office.

Church _____

Date _____ Time _____

PLEASE RETURN THIS FORM TO THE PARISH OFFICE
AT LEAST TWO WEEKS BEFORE YOUR PREPARATION SESSION

Parish Office
Ivanhoe@cam.org.au
PO Box 319
Ivanhoe 3079