St Jude The Apostle Scoresby Parish Baptism Application Form

PLEASE COMPLETE THIS FORM CLEARLY OR DIGITALLY TYPE INFO IN
Once completed email form to Scoresby@cam.org.au

Church Baptism will be held at St Jude's Scoresby (**1st Sunday of each Month**) at **12 noon.**

Date of Baptism: _____

Name of Priest celebrating Baptism (Fr Jerald) _____

Please provide us with the following information which is required for the Church baptismal records.

Your child's given name/s: _____ Male ☐ Female ☐

Age at time of Baptism _____

Family name: _____

Date/Place of birth: _____

Father's name (in full): _____

Religion of father: _____

Mother's name (in full): _____

(Maiden name):_____

Religion of mother: _____

Names and date of birth of your other children (if any) _____

_____

Parish you belong to:_____

Present address: _____

Phone: _____ Email: _____

Godparents and their religion (at least one Godparent has to be a baptised Catholic)

1._____ 2._____

Scoresby Parish, 49 George Street, SCORESBY 3179
Tel: (03) 9763 7302 Email: scoresby@cam.org.au