



SHRINE and PARISH OF
OUR LADY OF MOUNT CARMEL
2 Kellick Street WATERLOO
Phone No. 9698 2869

Application for Baptism

Child SURNAME:

CHRISTIAN NAME:

DATE OF BIRTH:

PLACE OF BIRTH:

Parents ADDRESS:

POSTCODE: **PHONE:**

Father CHRISTIAN NAMES:

RELIGION:

Mother CHRISTIAN NAMES:

MAIDEN NAME:

RELIGION:

CHURCH WHERE PARENTS WERE MARRIED:

Godparents GOD FATHER:

RELIGION:

GOD MOTHER:

RELIGION:

DATE INTERVIEWED: **BY:**

DATE OF BAPTISM: **Time:**