



BAPTISM APPLICATION FORM

Child's Full Name (Candidate's Name)	
Date of Birth	
Place of Birth	
Mother's Name (Maiden)	
Father's Name	
Contact Details	Address:
	Telephone:
	Mobile:
	Email:
Where is Parents' Church Membership? (if applicable)	
Date Requested for Sacrament of Baptism	
Details of Names and Birthdays of Other Children in the Family	
Name of Godparents (if applicable)	
Number of guests (approx.)	
Special Needs	
Interview Date	
Follow up Interview	

If you need further information regarding this application, please feel free to contact St David's Haberfield on 9798 3059 or (Rev) Steve Lee through <u>minister@stdavids.org.au</u>.