MATER DEI – BLAKEHURST ST RAPHAEL'S – SOUTH HURSTVILLE

Application for Baptism

CHILD	SURNAME:				
CHILD		·			
	CHRISTIAN NAMES): 			
	DATE OF BIRTH:				***************************************
	PLACE OF BIRTH:				
PARENTS	ADDRESS:				
				POST CODE:	
EMAIL	ő				
FATHER SURNAME:					
	CHRISTIAN NAMES	ò:			
	RELIGION:				
PHONE:	Home:	Wor	k:	Mobile:	
MOTHER	SURNAME:				
	MAIDEN NAME:				
	CHRISTIAN NAMES):			
	RELIGION:				
PHONE:	Home:	Wor	·k·	Mobile:	
			11.4	THOOME:	
CHURCH WH	IERE PARENTS WERE	MARRIED.			
41101CG11 411)	mirm : wirming and [F	INTERNITE ST			
					
GODPARENTS:	GOD FATHER:				
	RELIGION:				
	GOD MOTHER:				
	RELIGION:				
	KELIOIOI4.				

			NAME OF TAXABLE PARTY.		
DATE INTERV	VIEWED.		BY:		
DAIR HAIRIN	A IF AA FF.		DI:		
DATE OF BA	DTICM.			TIBAP	
DAIL OF DA	L 11914f:			TIME:	
CELEBRANT:					
SEEDILTI41:					
	Please tick which churc	h you would l	ike vour ch	ild's baptism to take place.	
			,	prom to take prace.	
MATER DEI BLAKEHURST			ST RAPHAEL'S SOUTH HURSTVILLE		

It is customary to make a donation to the Church after the baptism.