



*Application for the Celebration of Baptism in  
St Mark's Catholic Church, Drummoyne.*

Please return this form to the Parish office once it has been completed at [pa@stmarksdrummoyne.org.au](mailto:pa@stmarksdrummoyne.org.au)

**Date of Baptism:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Child's Full Name:** \_\_\_\_\_

(child's name on certificate as per application)

**Date of Birth:** \_\_\_\_\_ **Gender:** M / F (circle) **Place of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Phone: (H)** \_\_\_\_\_ **Phone: (B)** \_\_\_\_\_

**Home Parish / Parish of Worship:** \_\_\_\_\_

(name of parish and suburb)

**FATHER'S DETAILS:**

**Surname:** \_\_\_\_\_

**Given Names:** \_\_\_\_\_

**Address:** \_\_\_\_\_

(if different from above)

**Post Code:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**MOTHER'S DETAILS:**

**Surname:** \_\_\_\_\_

**Given Names:** \_\_\_\_\_

**Maiden Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

(if different from above)

**Post Code:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

In asking to have my child baptised, we the legal parents acknowledge our responsibility for the education of our Child in the Faith with God's help, we promise to carry out that responsibility through both word and example. In signing this application I understand the conditions of Baptism will submit this form with a copy of the child's birth certificate. It is customary to make an offering to the Parish on the occasion of Baptism.

**Father's Signature:** \_\_\_\_\_

**Mother's Signature:** \_\_\_\_\_

**GODFATHER'S DETAILS:** (aged over 16 years)

**Surname:** \_\_\_\_\_

**Given Names:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

(\* see Godparent requirements on parish website.)

**GODMOTHER'S DETAILS:** (aged over 16 years)

**Surname:** \_\_\_\_\_

**Given Names:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**OFFICE USE ONLY:** Priest's Name: \_\_\_\_\_

Date of Preparation: \_\_\_\_\_ Date of Presentation: \_\_\_\_\_

Application Received: \_\_\_\_\_ Booking Accepted: \_\_\_\_\_

**St Mark's Catholic Church**

**33 Tranmere Street Drummoyne NSW 2047 email: [pa@stmarksdrummoyne.org.au](mailto:pa@stmarksdrummoyne.org.au)**