



# St Brigid's Marrickville

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## BAPTISM APPLICATION FORM, 2026

We, the parents of ....., request that our child receive the Sacrament of Baptism and begin the process of initiation into the community of believers who follow Jesus Christ.

We understand that the Baptism of our child is the first step in a lifetime of faith and that, in due time, we will support our child receive their other sacraments of initiation; Eucharist and Confirmation.

### CHILD'S DETAILS

<b>FAMILY NAME:</b>			
<b>CHRISTIAN NAMES:</b>			
<b>DATE OF BIRTH:</b>		<b>PLACE OF BIRTH:</b>	
<b>CHILD'S ADDRESS</b>			
	(SUBURB & POSTCODE)		

### PARENT DETAILS

<b>FATHER'S FULL NAME:</b>			
<b>MOTHER'S FULL NAME (including Maiden Name):</b>			
<b>FATHER'S PHONE:</b>		<b>FATHER'S RELIGION:</b>	
<b>MOTHER'S PHONE:</b>		<b>MOTHER'S RELIGION:</b>	
<b>BEST EMAIL CONTACT:</b>			

**GODPARENT'S DETAILS** (You must choose at least one baptised and practising Catholic person over the age of 16 years).

NAMES	RELIGION

### BAPTISM DETAILS

<b>PREPARATION SESSION</b> (only necessary if this is the first child you are baptising):	
<b>PRESENTATION TIME &amp; DATE:</b>	
<b>TIME &amp; DATE OF BAPTISM:</b>	

**PARENT'S SIGNATURES:** Father: ..... Mother: .....

FOR OFFICE USE: <input type="checkbox"/> Dates confirmed <input type="checkbox"/> Donation <input type="checkbox"/> Certificate <input type="checkbox"/> Register <input type="checkbox"/> PACS
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