



PARISH OF OUR LADY AND ST DYMPNA

497 Robinson Road West, Aspley 4034. Phone: 3862 9402. Email: aspley@bne.catholic.net.au

APPLICATION FOR CHILD'S BAPTISM

Child's Surname _____ Christian Names _____

Date of birth ____/____/____ Place of birth _____

(Please attach a copy of your child's birth certificate)

Baptismal Preparation Date ____/____/____ (1st Sunday of the month 10:00 am)

Baptism Date ____/____/____ (2nd and 4th Sunday of the month after 9:00 am Mass)

Mother's Information

Mother's full name (including maiden name in brackets) _____

Religion _____

Address _____

Father's Information

Father's full name _____ Religion _____

Address (or as above) _____

(Please attach a copy of Baptism Certificate for at least one parent)

Preferred Phone number: _____

Preferred Email address: _____

Godparent's Information (Please attach a copy of Baptism Certificates)

Godparents full name _____ Religion _____

Godparents full name _____ Religion _____

I give permission for photos of the Baptism to be used in future parish publications eg, Parish website, Newsletter, Magazine? Yes No

Parish to provide Baptism Candle Yes No

Baptism Contribution In order to continue work with families in baptismal ministry we request a contribution of: **\$100.00** to be paid to the below account prior to the day of Baptism.

Payment Name: Aspley Catholic Parish

Reference: Baptism/Surname

Netbank BSB: 064-786

Account: 100000129

