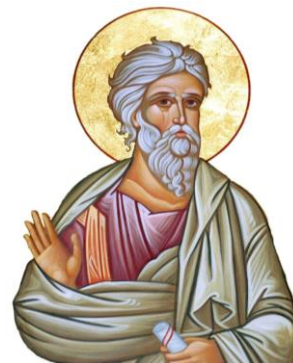


St. Andrew's Catholic Parish Clarkson, WA.



Presbytery
53 Belleville Gardens
Clarkson, WA 6030
Tel: 9407 7512
e-mail: clarksonparish@gmail.com

APPLICATION FORM FOR BAPTISM

IMPORTANT:

- Please print clearly IN CAPITALS and ensure correct spelling of all names for the baptism certificate.
- Every baptized person must have at least **one** godparent.
- A godparent (can. 874):
 - must be at least **16 years** of age.
 - must be fully initiated Catholic (one who has celebrated Baptism, Eucharistic, Confirmation and practices his/her faith).
 - should be willing to accept the responsibility of assisting the parents in developing the faith life of the child.
 - may **not** be the father or the mother of the one to be baptized. (can. 874)
- Godparents are not required to be present on the day of the Baptism. A Godparent may be represented by a proxy.
- It is customary to offer a donation to the **PRIEST** for the celebration of baptism.
- Please be advised that our parish will be contacting you via provided **EMAIL** and/or **MOBILE NUMBER**, and will be sending you the **PARISH WEEKLY NEWS "E-BULLETIN"**.
- * This place must be filled.

Name of child*: Gender*:

Date of birth*: Place of birth*:

Father's full name*:

Mother's full name*:

Mother's maiden name*:

Home address*:

Mobile*: Telephone:

Email*:

Godparents*:

1. <input type="text"/>	Religion: <input type="text"/>
2. <input type="text"/>	Religion: <input type="text"/>
3. <input type="text"/>	Religion: <input type="text"/>
4. <input type="text"/>	Religion: <input type="text"/>
5. <input type="text"/>	Religion: <input type="text"/>
6. <input type="text"/>	Religion: <input type="text"/>

Date of preparation:

Date of baptism:

Time:

Celebrant:

+++++
PARISH OFFICE USE ONLY:

REGISTER NO.: