



All Hallows Catholic Church Five Dock

2 Halley St
Five Dock, NSW 2046
Ph: (02) 9713 7960

Web: <https://www.allhallows.org.au>
Email: admin@allhallows.org.au

Baptism Application Form

Child's full name:			
Date of Birth:		Male/Female:	
Place of Birth:			
Birth Certificate Registration number:			
Father's Name:		Religion:	
Mother's Name:		Religion:	
Mother's Maiden Name:			
Address:			
Mobile:			
Email:			
Current Parish Name:			
Godfather's Full Name*:		Religion:	
Godmother's Full Name*:		Religion:	

* Godparents must be 16 years of age or older and at least one Godparent must be Catholic.

Tick box – I give permission to All Hallows Five Dock to record the personal details on this form.

Tick box – I give permission for photos to be taken at my child's baptism.

Signature: _____ Date: _____

-----This section to be completed by the parish office-----

Date of appointment with Celebrant: _____

❖ Please note that the Rite of Welcome will be held at the 10am mass on the day of baptism.

Date of Ceremony: _____ Time: **11am**

Celebrant: _____

Certificate Baptismal Register PACs Bulletin