



St Thomas the Apostle Catholic Church

2 College Road, Claremont WA 6010

claremont@perthcatholic.org.au

Office Hours: Tues/Thurs 9am-2pm



BAPTISM DETAILS

Name of Candidate in full: _____ M/F

Date of birth: _____ Place of birth: _____

Address: _____ PostCode: _____

Preferred dates (Saturday or Sunday 11.00am) for Baptism: _____

Fathers full name: _____ Religion: _____

Email: _____ Phone: _____

Mothers full name: _____

Mothers maiden surname: _____ Religion: _____

Email: _____ Phone: _____

Godparents Details:

Full Name: _____ Religion: _____

Full Name: _____ Religion: _____

Full Name: _____ Religion: _____

Celebrant

☐ Fr Garner Vergara

☐ Dcn Paul Reid

☐ Other: _____

PLEASE NOTE: A NON BAPTISED PERSON CANNOT BE A GODPARENT

All godparents must be Christian and at least one godparent MUST BE A PRACTISING CATHOLIC who has received the Sacraments of Confirmation and Eucharist, and must be over 16 years of age.

- By applying for the Baptism of this Child, you are confirming that you are acting within your legal rights as the parent or guardian of this child. ☐ Yes ☐ No
- Is there any legal reason preventing or prohibiting this child from being baptised (including any Family Court Order or restriction)? ☐ Yes ☐ No
- Do you consent to the publication of your child's name in our Parish Bulletin. ☐ Yes ☐ No

***It is customary to give a baptism offering. Offering envelopes are available at the entrance to the church and can be handed to the celebrant during the baptism. ***

Office Use Only

Priest:

Date of Baptism:

Time:

Parent Interview date:

Time:

First Child Baptised:

yes or no

Parish Register number: