



ST MARK'S DARLING POINT

Ph: 9363 3657 Email: office@stmarksdp.org

APPLICATION FOR BAPTISM

PLEASE PRINT CLEARLY

OFFICE USE ONLY	
Date Bap:.....	
Time:	
Minister:	
Baby No:	
Thksgv'g:	
Interview:	

Child's Name in full:
Christian Names Surname

Child's Date of Birth:

FATHER - Name in Full, plus usual first name (e.g. Bob, Tony)

Title Christian Names Surname Usual first name

MOTHER—Name in Full, plus usual first name (e.g. Sandy, Mel)

Title Christian Names Surname Usual first name

Address:

..... P/code :

(W) (Father) (Mobile)

Phone: (Hm) (W) (Mother) (Mobile)

Email:

Other Children under 18 (if any)

Name(s): Date of Birth: Date / Place of Baptism:

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Godparents Names in full (please check their middle names as this information is written in the baptismal register):

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Current Connection with St Mark's:

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Signatures -

Father: Mother:

Date: