

**CATHOLIC PARISH OF HEALESVILLE (St Brigid's), YARRA GLEN (St Aloysius)
& MARYSVILLE (Our Lady of the Snows)**

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APPLICATION FOR BAPTISM IN THE PARISH OF HEALESVILLE

FAMILY NAME: _____

CHILD'S NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____ (Birth Certificate required)

FATHER'S FULL NAME: _____

FATHER'S RELIGION: _____

MOTHER'S FULL NAME: _____

MOTHER'S MAIDEN NAME: _____

MOTHER'S RELIGION: _____

FAMILY ADDRESS: _____

PHONE NUMBER: _____ MOBILE: _____

GODPARENT (1) NAME: _____

GODPARENT (1) RELIGION: _____

GODPARENT (2) NAME: _____

GODPARENT (2) RELIGION: _____

OFFICE USE ONLY:

BAPTISM PREPARATION MEETING: _____

RITE OF RECEPTION DATE: _____ TIME: _____

PLACE: HEALESVILLE

BAPTISM DATE: _____ TIME: _____

PLACE: HEALESVILLE

PRIEST BAPTISING: _____

There is a \$100.00 Administration fee for the Sacrament of Baptism.
This includes a stole fee for the priest. Please attach your payment to this form and hand/send into the
Parish Office. Many thanks