



St. Boniface Cathedral

The Parish of Bunbury
Corner Cross and Parkfield Streets Bunbury WA 6230
PO Box 1892 BUNBURY WA 6231
ABN: 20 893 504 144
Cathedral Office: 08 9721 3970
MAIL: cathedraloffice@bunburycathedral.org.au

BAPTISM APPLICATION FORM

Date of Application: _____

Details of Children to be Baptised

[Please use Block Print]

Full Name: _____

Date of Birth: _____

Full Name: _____

Date of Birth: _____

Full Name: _____

Date of Birth: _____

Parents' Details:

Mother

Surname: _____ First Name: _____

Baptised Yes ☐ No ☐ Year: _____ Place: _____

To which Parish/Church do you belong? _____ Occupation: _____

How often do you attend church?

☐ A) Never ☐ B) Once/Twice a year ☐ C) Once/Twice a month ☐ D) Most Sundays

Father

Surname: _____ First Name: _____

Baptised Yes ☐ No ☐ Year: _____ Place: _____

To which Parish/Church do you belong? _____ Occupation: _____

How often do you attend church?

☐ A) Never ☐ B) Once/Twice a year ☐ C) Once/Twice a month ☐ D) Most Sundays

Address:

Street Address: _____

City: _____ State: _____ PCode: _____

Home Number: _____ Work Number: _____ Mobile: _____

Email: _____

Godparents:

NB: It is usual to have two Godfathers and one Godmother for a male child and two Godmothers and one Godfather for a female Child. If godparents are not able to be present at the service, the parents of the child or some other person can act as proxy. Godparents must be members of the Christian Church.

Full Names: _____

Address: _____

Baptised Yes ☐ No ☐ Year _____ Place _____

By signing this form you have accept the responsibilities of a Godparent as outlined in the Baptism Booklet?

Signature of Godparent

Full Names: _____

Address: _____

Baptised Yes ☐ No ☐ Year _____ Place _____

By signing this form you have accept the responsibilities of a Godparent as outlined in the Baptism Booklet?

Signature of Godparent

Full Names: _____

Address: _____

Baptised Yes ☐ No ☐ Year _____ Place _____

By signing this form you have accept the responsibilities of a Godparent as outlined in the Baptism Booklet?

Signature of Godparent

Please Note:

The personal information you provide on this form will not be handed out, in accordance with Australian privacy laws. It will be used by the Anglican Parish of Bunbury to consider your application for baptism and to correspond with yourselves. The information will be kept in the Parish's database and accessed by authorised Church personnel only.

Mother's Signature: _____

Fathers Signature: _____

PLEASE RETURN THIS APPLICATION TO THE CATHEDRAL OFFICE

OFFICE HOURS ARE:

Monday, Tuesday, Thursday & Friday mornings 9.30 am – 11.30 am

Telephone: 9721 3970 E mail: cathedraloffice@bunburycathedral.org.au

FOR OFFICE USE

Proposed date of Baptism: _____

Proposed time of Service: _____

Venue: _____

Officiant: _____

Preparation completed by: _____

Approved by The Dean: _____

Notes: _____
