Latin Mass Chaplaincy – Canberra
Priestly Fraternity of St Peter
Baptism Registration Form (Adult)

INFORMATION

APPLICANT'S NAME: _____
First Middle Last

ADDRESS: _____

PHONE: (Home) _____ (Mobile): _____

FATHER'S NAME & RELIGION: _____

MOTHER'S NAME & RELIGION: (incl Maiden Name) _____

_____

DATE AND PLACE OF BIRTH: _____

DATE AND PLACE OF BAPTISM: _____

DATE AND PLACE OF CONFIRMATION: _____

CHURCH/PLACE OF MARRIAGE: 1st _____

Date _____

2nd _____

Date _____

PRESENT SPOUSE'S FULL NAME: _____

SPOUSE'S RELIGION: _____

CHILDREN'S NAMES AND AGES: _____

_____

_____

HAS YOUR SPOUSE BEEN PREVIOUSLY MARRIED?: Yes / No

GODPARENT'S/SPONSOR'S NAME AND RELIGION: _____

_____

Office Use Only

Signature: _____

Baptised by: _____

Certificate Issued: _____

Name: _____

Sacrament Registered: _____