



Our Lady of the Rosary Parish

ABN: 21 331 090 675

4 Roma Avenue. Kensington - NSW 2033 Ph: 9663 1070 Emails: olrkensosacraments@gmail.com

Baptism Application Form

Date of Baptism:/...../..... (* The 1st Sunday of the month)

Time: **11.00am** Priest: Fr. Peter Hearn msc

Child's Given Name: Surname:

Date of Birth: /...../..... Age of child: years mths

Place/Country of birth: Gender: Male / Female

Parents/Legal Guardian details:

Father's/Guardian's Name: Religion:

Phone: Email:

Mother's Maiden /Guardian's Name: Religion:

Phone: Email:

Home Address:

Suburb: Country: State & Postcode:

Godparents'/Sponsors' details: (Note: If you have 2 Godparents, at least 1 must be Catholic)

Godparent 1: Religion:

Parish of Baptism: Country of Baptism:

Godparent 2: Religion:

Parish of Baptism: Country of Baptism:

We the undersigned, promise to commit to the Parish of our child/children's initiation by Baptism. Signed consent to receive this sacrament must be received from both parents. This is an Archdiocesan directive that has arisen due to Family Law issues.

Father's/Guardian's Signature: Date :

Mother's/Guardian's Signature: Date:

Photographs/Video/Website re. Permission for publication

I grant permission for my child to be photographed/ videoed/posted on OLR website during or after the Sacrament of Baptism Ceremony at Our Lady of the Rosary Church, Kensington.

Father's/Guardian's Signature: Date :

Mother's/Guardian's Signature: Date:



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NOTE:

- *Applicant over the age of 7 needs to undergo an RCIC/RCIA Preparation program before receiving Baptism*

Baptismal Candle

We will bring our own Baptismal candle *We wish to order Qty: Baptismal candle/s from the parish*

* You need 1 baptism candle for each child. You can purchase from the parish at \$10.00 each

Link: www.Bpoint.com.au/pay/kensingtonparish

Select: 1742964-Baptism. Ref: Initial, Surname & Baptism month/Year