NOTRE DAME PARISH

(COMBINED PARISHES OF BELMONT-REDCLIFFE AND CLOVERDALE)

BAPTISM APPLICATION FORM

PLEASE PRINT & USE BLACK INK

Please complete and submit this form if you are a registered member of the Cloverdale Parish. If you live in another Parish, Archdiocesan policy requires you to obtain permission from your Parish Priest before a Baptism can take place in Cloverdale. Once you have received that permission, please record the details in the appropriate section below and then contact the Administrative Assistant at the Parish Office.

| Date of Birth: | |
|---|--------------------------|
| | |
| Mother's Full Name: | |
| | |
| Address: | |
| Telephone: | Mobile: |
| Email: | |
| FOR APPLICANTS WHO LIVE IN ANOTHER PARISH | |
| Parish: | Parish Priest: |
| Permission received: | Date received: |
| MANDATORY BAP | TISM INFORMATION MEETING |
| Date: Time: | Attended Yes / No |
| | BAPTISM |
| Date:T | ime: |
| Church: | |
| Church Address: | |
| Celebrant: | |
| Mobile: | |
| Godparent (1): | |
| Godparent (2): | |
| Baptism Certificate given to: | Date: |

Presbytery and Parish Office: 345 Wright Street, CLOVERDALE WA 6105 Mailing Address: PO Box 329, CLOVERDALE WA 6105