

**OUR LADY OF THE IMMACULATE CONCEPTION CHURCH**  
**66 Main Highway, Eilerslie**

**APPLICATION FORM FOR BAPTISM**



Please fill in the Form and contact the Baptism Preparation Leader: Graeme White

Mobile: 021466573

Email: [Baptism.ICP@gmail.com](mailto:Baptism.ICP@gmail.com)

Book in a preparation evening course and bring this form for him to sign.

Upon completion of the course, set your baptism date and make an appointment with the Parish

Priest: Fr. Joseph V.J CSs.R

Phone: 09 579 5458

Email: [icpellerslie@gmail.com](mailto:icpellerslie@gmail.com)

*It is customary to make a donation to the Parish at the time of Baptism.*

Date: \_\_\_\_\_

Child's Surname: \_\_\_\_\_

Child's Baptismal Name: \_\_\_\_\_ Gender: Male /Female

Date of Birth of Child: \_\_\_\_\_ Age now: \_\_\_\_\_

Place of Birth (City/Town): \_\_\_\_\_

Name of Father: \_\_\_\_\_ Religion: \_\_\_\_\_

Name of Mother: \_\_\_\_\_ Religion: \_\_\_\_\_

Why do you want your Child baptized?

\_\_\_\_\_

Residential Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Parish: \_\_\_\_\_

IF you do not belong to a Parish, would you consider making IC Parish your home church? YES / NO

Name of Godparent (1): \_\_\_\_\_ Religion: \_\_\_\_\_

Name of Godparent (2): \_\_\_\_\_ Religion: \_\_\_\_\_

Date form completed: \_\_\_\_\_

Name of Preparation Leader: \_\_\_\_\_

Signature of Preparation Leader: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Preferred Baptism Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Priest: \_\_\_\_\_

Signature of Priest: \_\_\_\_\_ Date: \_\_\_\_\_

Church: \_\_\_\_\_