

St. Mark's Parish
9, Lee Street, Fawkner, 3060. Phone: 9359 3111.

BAPTISM INFORMATION

Full Name of Person to be Baptised: _____

Date of Birth: _____ **Place of Birth:** _____

Father's Full Name: _____

Father's Religion: _____

Mother's Full Name: _____

Mother's Maiden Name: _____

Mother's Religion: _____

Address: _____

_____ **Postcode:** _____

Home phone Number: _____ **Mobile:** _____

Date of Baptism Meeting: _____

Date & time of Baptism: _____

Other children's Names: _____

Godparent's Full Name (1): _____

Religion: _____

Godparent's Full Name (2): _____

Religion: _____

Godparent's Full Name (3): _____

Religion: _____

Baptizing Priest: _____

**Completing this form denotes an understanding and agreement to information contained
being used for parish purposes only.**