



ST JOHN HENRY NEWMAN, VICTORIA

A Roman Catholic Parish of the Ordinariate of the Chair of Saint Peter

under the Patronage of Our Lady of Walsingham



INFANT BAPTISMAL REGISTRATION FORM

Please PRINT all details in capital letters

Date of Application : _____

Name of Applicant & Relation to Child : _____

Child's Full Name : _____

Child's Date of Birth : _____

City, Province & Country of Child's Birth : _____

Proposed Date of Baptism : _____

Father's Full Name : _____

Father's Christian Denomination : _____

Father's E-mail Address : _____

Mother's Full Maiden Name : _____

Mother's Christian Denomination : _____

Mother's E-mail Address : _____

Parents' Home Address & Telephone Number : _____

Godfather's Full Name : _____

Godmother's Full Name : _____

Please return this form to fr.lee.kenyon@ordinariate.net