HUNDER CATHOLIC COMMUNITY	St Pr 15 KA Te AV
Parent contact name:	

St Mary's Catholic Parish, Kalgoorlie-Boulder Presbytery/Parish Office 15 Porter Street KALGOORLIE WA 6430 Telephone: 08 9021 2100

AWAITING DATE CONFIRMATION

PRE-BAPTISM INTERVIEW

Parent contact name:						7	
Contact number:]	
Date and time of Baptis	m interview:						
Priest for Baptism interv	view:						
APPLICATION FOR BA	<u>APTISM</u>						
Family surname:							
Baby/child's Christian				name	es: Gen	der	
Date of birth:		Place of Birth:					
Father's full name:			Relig	jion:]
Mother's full name:			Reli	gion:]
Mother's MAIDEN name	э:						
Home address:				J			
State: WA Postc	ode: 643						
Home phone:							
Godparent(s) name:			Re	ligion:			
Email address:			_ Re	ligion:			
Date of baptism:		Time:	Chu	rch:			
Annotations:			 				
Baptism Celebrant: Fr.			 				
Details recorded in regis	ster:		 				