

**ASSUMPTION CHURCH PJ**  
**70 Jalan Templer**  
**46050 Petaling Jaya**  
**Selangor**  
**Tel : 037782 5854/037784 4470 Fax : 037782 4561**

**APPLICATION FOR BAPTISM**  
**Keep this page for your reference**

Kindly enclose a photocopy of your child's birth certificate with the Application form

It is a necessary condition that parents and godparents attend the pre-baptism session in the parish where their child is to be baptised.

PRE-BAPTISM SESSION AT THE ASSUMPTION HALL ON :

SUNDAY \_\_\_\_\_ AT 4.30PM

DATE OF BAPTISM :  
SUNDAY \_\_\_\_\_ AFTER THE 8.30AM MASS

REGISTRATION CLOSING DATE : \_\_\_\_\_

**Instruction for Parents & Godparents**

You are asking to have your child baptised. In doing so you are accepting the responsibility of bringing up your child in the practice of the Catholic Faith (of the Rite of Baptism.)

Therefore it follows that:

- ✓ One parent at least and both godparents are Catholic and should be present at the baptism ceremony
- ✓ You give your child a baptismal name that has a relation to the Catholic Faith or is otherwise meaningful. It could be a name from the Bible, a name derived from that of a saint, or even a close relative. Avoid the names of pop idols or precious gems. Remember that the gift of a name signifies the holiest human experience : entry into relationship
- ✓ As the first teachers of your child, are responsible for the Religious Education of your child by word and example
- ✓ See that your children of five years and above attend Sunday School
- ✓ Ensure that your child will receive the Sacraments, beginning with the Sacrament of Reconciliation (Confession) followed by First Holy Communion and then Confirmation.

NB :Older siblings below the age of 10 are welcome to attend the pre-baptism sessions

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**Application form for “BAPTISM of INFANT”**

**INFANT**

NAME (as on birth certificate): \_\_\_\_\_

BAPTISMAL NAME : \_\_\_\_\_

DATE of BIRTH : \_\_\_\_\_ PLACE of BIRTH: \_\_\_\_\_

**PARENTS**

NAME of FATHER : \_\_\_\_\_ MOBILE NO: \_\_\_\_\_

RELIGION (Please tick) :

Catholic  Christian  Buddhist  Hindu  Silk  Other  \_\_\_\_\_ (please specify)

NAME of MOTHER : \_\_\_\_\_ MOBILE NO: \_\_\_\_\_

RELIGION (Please tick) :

Catholic  Christian  Buddhist  Hindu  Silk  Other  \_\_\_\_\_ (please specify)

HOME ADDRESS & TEL: \_\_\_\_\_  
\_\_\_\_\_

PLACE of MARRIAGE : \_\_\_\_\_ DATE : \_\_\_\_\_

**GODPARENTS (Who must be Catholic)**

NAME of GODFATHER : \_\_\_\_\_

NAME of GODMOTHER : \_\_\_\_\_

Parent's Signature : \_\_\_\_\_ (Father/Mother) Date : \_\_\_\_\_  
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**For Parish Office Use Only**

Form received on \_\_\_\_\_ Sacrament Administered On : \_\_\_\_\_

By Rev. Father \_\_\_\_\_  
(Signature of Priest) (Date)