

BAPTISM FORM

Child's Name: _____ Male/Female: _____

Date of Birth: ____ / ____ / ____ Place of Birth: _____

Father's Full Name: _____ Religion: _____

Mother's full (Maiden) Name: _____ Religion: _____

Marital Status: _____ Date of Marriage: _____ Place of Marriage: _____
(If you live outside the parish, as a courtesy we will notify your regions parish priest once the baptism has taken place)

Address: _____

Email: _____ Tel. No: _____

Godparents: _____ Religion: _____
_____ Religion: _____

GODPARENTS' DETAILS (you may select more than one godparent, but a least one of the Godparents must be a confirmed Catholic. A proxy (Stand in) may represent Godparent/s.)

BAPTISM REQUEST DETAILS (Baptisms will be celebrated during weekend Mass. We ask all new families requesting to baptise their child to attend a baptism preparation session. Please contact the Parish office to arrange.)

Date of Preparation Session: _____

Date of Baptism: ____ / ____ / ____ Time: _____ Place of Baptism: _____

Parent Declaration: We request the Sacrament of Baptism for our child. In signing this declaration I am signing on behalf of the child's other parent and I take responsibility that the other parent agrees to our child receiving the Sacrament of Baptism. We understand that Baptism is a sacrament which gives the life of Christ to our child and that it makes our child a member of Gods family, the Catholic Church. Furthermore we accept the responsibility of training our child in the practice of faith and accept the duty of bringing our child up to keep Gods commandments as Christ has taught us, by loving God and our neighbour We understand the need to teach our child by the example of true Catholic living, to encourage family prayer and remain faithful to the attendance of Sunday Mass. WE PRAY THAT GOD WILL KEEP US FAITHFUL TO OUR OBLIGATIONS.

Parent Signature: _____

Priest's Name: _____ (OFFICE USE ONLY)

ADDITIONAL INFORMATION: (i.e additional Godparent)