

St Patrick's Parish Bega



Sacrament of Baptism Request Form

Childs Details

SURNAME: _____ CHRISTIAN NAMES: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

HOME ADDRESS: _____

_____ Phones: _____

Parents Details

FATHER'S NAME IN FULL: _____ RELIGION: _____

MOTHER'S NAME IN FULL: _____ RELIGION: _____

MOTHER'S MAIDEN NAME: _____

MARRIAGE DETAILS:

PLACE (church, denomination etc.) _____ DATE: _____

God Parents - Confirmed & Practicing Catholics (at least 1 is required by Canon Law)

Christian Witness - Any other Godparents

We/I request the Baptism of our/my child into the Faith Community of St Patrick's Parish Bega.

Parents Signatures: _____

Preferred Service & Date

Baptisms are celebrated during the Mass.

We ask that children are presented to the Parish at a earlier Mass.

ST PATRICK'S BEGA - Sun 9:30 _____

STAR OF THE Sea TATHRA - Sun 7:45 _____

ST JOSEPH'S CANDELO - Sat 6pm _____

1st, 3rd & 5th Weekends

ST COLUMBA'S BEMBOKA - Sat 6pm _____

2nd & 4th Weekends

Parish Office

Gipps St Bega 2550

Ph: 6492 1058

Bega@cg.org.au

PO Box 6 Bega 2550

Fax: 6492 5399

Office Use

Baptizing Priest: _____

Registration Number: _____

PACS: _____