

St Patrick's Parish Bega

Baptism Request & Consent Form



Gipps St Bega 2550
Ph: 6492 1058
Bega@cg.org.au
PO Box 6 Bega 2550

Childs Details

SURNAME: _____ CHRISTIAN NAMES: _____

DATE OF BIRTH: _____

☐

Male

☐

Female

PLACE OF BIRTH: _____

Parents Details

Mothers Details

Full Name	
Maiden Name	
Religion	
Mobile	
Email	
Address	

Fathers Details

Full Name	
Religion	
Mobile	
Email	
Address	

MARRIAGE DETAILS:

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

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

Please Print

Christian Witness - Any other Godparents

Please Print

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

As parents and first teachers of our child, we declare that we accept the responsibility of preparing them in the practice of the Catholic faith. By signing this form I confirm both parents, as will be recorded in Baptism register, are in agreement that our child will undertake the Sacrament of Baptism.

Parents Signatures: _____

Preferred Service & Date

It is preferred that Baptisms are celebrated during the Mass.
If not we ask that children are presented to the Parish at an earlier Mass.

St Patrick's Bega _____
Sun 9:30am

Star of the Sea Tathra _____
Sun 7:45am

St Joseph's Candelo _____
Sat 6pm (5pm winter) 1st, 3rd & 5th Weekends

St Columba's Bemboka _____
Sat 6pm (5pm winter) 2nd & 4th Weekends

Office Use

Celebrating Clergy: _____

Register No: _____

PACS: ☐

SF: ☐

Bulletin: Y / N

Prep: _____



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