



St Benedict's Parish

Tallara Parkway

(PO Box 55)

Narrabundah ACT 2604

Phone: (02) 6295 7879

Email: narrabundah@cg.org.au

www.org.au/narrabundah

BAPTISM REQUEST FORM

We/I request the baptism of our/my child into the faith community at St Benedict's Catholic Community.

CHILD'S DETAILS (Please Print CLEARLY)

Date of Baptism: _____ Day: _____

Church: _____

Surname: _____ Christian Names: _____ Male/Female

Date of Birth: _____ Place of Birth: _____

Home Address: _____

Phone No.: _____ (h) _____ (mob)

Email Address: _____

Father's Full Name _____ Religion : _____

Mother's Full Name: _____

Mother's Maiden Name: _____ Religion: _____

Child's School: _____

Marriage Details: (ie. Place, Church, denomination etc.)

Godparents: (At least one is required Catholic by Church Law)

Name: _____ Religion: _____

Name: _____ Religion: _____

PARENTS SIGNATURES: Father: _____

Mother: _____

Suggested Baptism Donation \$50 -----

OFFICE USE ONLY

Name of Baptising Priest: _____



Certificate Issued: (Yes/No)