

## West Wyalong Mission

Phone: 02 6972 3655 Email: wyalongwest@cg.org.au

## Sacrament of Baptism

DATE & TIME of Baptism
PARISH of Baptism
SURNAME of Person to be Baptised
CHRISTIAN name/s
DATE and PLACE of Birth
FULL NAME of Mother (incl. maiden name)
RELIGION of Mother
FULL NAME of Father
RELIGION of Father
PLACE and date of Marriage (Please give details if other than at a Catholic Church)
Telephone and e-mail address
Please note that when choosing Godparents that one must be Catholic, all must be Christian [they must be Baptised] and all must be over 16 years of age.
Names of Catholic Godparents:

Names of non-Catholic Godparents:			
Parents, should this Baptism be less than four years since your last child was Baptised, and as part of that preparation you attended a Baptism Course, then there is no need for you to complete a Baptism Course now. Otherwise, you will need to attend a Course of about one hour to fully learn about the Sacrament of Baptism and become familiar with what will happen when we celebrate the Sacrament. Also, please contact the Parish on 69723655 if you would like us to provide you with either a candle, or a white garment, or both.			
Will a Baptism Course be needed: Ye	es 🗆	No □	
Date and Time of Baptism Course:			
Is this Sacrament celebrated within Mass □ or ou	itside of Mass	s 🗆	
Welcoming Ceremony date (for baptisms outside of Mass)			
Name of Celebrant:			
We ask that you make a donation of \$50.00, payable Baptism.	e on or before	e the day of the	