



ST MATTHEW'S & ST VINCENT DE PAUL PARISH SOUTH BELCONNEN

ARANDA MASS CENTRE: 7 BINDEL ST
PAGE MASS CENTRE: 12 CHEWINGS ST

OUR CHILD'S BAPTISMAL DETAILS

For Parish Baptismal Register and for the Baptismal Certificate – Please print in Block Letters

CHILD'S NAME: _____

CHILD'S DATE OF BIRTH: _____ PLACE BIRTH: _____

FATHER'S NAME: _____ FATHER'S RELIGION: _____

MOTHER'S NAME: _____ MOTHER'S RELIGION: _____

MOTHER'S MAIDEN SURNAME: _____

ADDRESS: _____

PHONE NUMBER: _____ Email: _____

MARRIAGE DETAILS: Place: _____ Date: _____

Please Tick Catholic Church Another Church Another Place Never

PRESENT PLACE OF WORSHIP: _____

Please Tick Frequently Occasionally Almost Never

OTHER CHILDREN:	Christian Names	Date of Birth	Where Baptised	School
.....				
.....				

GODPARENTS: As many godparents as desired can be chosen – normally two or three. By Church Law, the child must have at least one Godparent who will be the child's SPONSOR (A sponsor is a person who is a baptized and confirmed Catholic and who practices their Faith on a regular basis). Other godparents are CHRISTIAN WITNESSES and pledge their support to the child's spiritual growth.

NAMES OF SPONSORS

AND RELIGION

1. CATHOLIC

2. CATHOLIC

NAMES OF CHRISTIAN WITNESSES

AND RELIGION

1.

2.

We would like our Child's Baptism to be celebrated on

We have NO objection to the notice of our Child's Baptism being published in St Matthew's Parish Bulletin and prayers of blessing being requested for us from the Parish.

(A donation of \$50.00 would be appreciated when this form is returned or on the day of Baptism. Thank you)



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SOUTH BELCONNEN**

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BAPTISM REQUEST & PROMISE FORM

By catholic parent/s

We / I request that our child _____ be received into the Church through the Sacrament of Baptism.

We / I believe all that Christ has taught us, and are dedicated to the Christian way of life.

We / I wish to pass on to our children the joy of this faith.

We / I understand that Almighty God has given us the gift of this child and the responsibility for his / her Christian upbringing. We realise that the child's first and most important school is the home, where we shall do our very best to give to our children an example of true Catholic living. We acknowledge also our duty to pray as a family in our home, and to be faithful to Sunday Mass. We / I are aware that the child must be prepared carefully for the other Sacraments of Penance and Reconciliation, Eucharist and Confirmation. We realise how sacrifices will be asked of us to give our infant child a continuing Catholic formation and preparation for life. We pray to God for the grace to make these sacrifices with a generous spirit, and that God will bless our efforts.

Signed _____

By a non-Catholic parent:

I support the request of my partner in marriage for the Baptism of our child. Baptism is the joining of a person to the one Body of Christ. It is my hope that all our family with this child will one day share together the full joys won for us by Christ. I will do all in my power to foster the growth and health of the Christ-life in our child.

Signed _____

Declaration by godparents:

I / We wish to act as SPONSOR / S at the Baptism of _____

I / We will help the parents, in whatever way we can, in their effort to impart the Faith and its practice, and a joy in living to their child.

I / We are Baptised and Confirmed in the Catholic Church, and practise the Faith.

I / We understand that devotion to Christ's way, through prayer, attendance at Sunday Mass and the reception of the Sacraments, and the living out of the Christian vocation in life, is called for if we are to fulfil our role as sponsor/s of this child.

Signed _____

I / We wish to act as a CHRISTIAN WITNESS / ES at the Baptism of _____

Sharing the same Baptism in the Father, Son and Spirit, I / we will strive to do all I / we can to assist the parents in forming their child in the joyful love and service of God and His people.

Signed _____

PLEASE COMPLETE THIS FORM AND BRING IT WITH YOU ON THE DAY OF BAPTISM
PO Box 4266, HAWKER, ACT, 2614 6254 1827 (Page) 6251 525 (Aranda)
belconnensouth@cg.org.au