BAPTISM DETAILS

Canberra Central Parish

Please print clearly

DATE OF BAPTISM – SUNDAY ………………………………..TIME……………………

SURNAME …………………………………………………………………………………….

CHRISTIAN NAMES …………………………………………………………………………

DATE OF BIRTH ……………………………………………………………………………..

PLACE OF BIRTH ……………………………………………………………………………

ADDRESS …………………………………………………………………………………….

………………………………………………………PHONE ……………………………......

FATHER’S NAME IN FULL …………………………………………………………………

RELIGION OF FATHER ……………………………………………………………………..

MOTHER’S NAME IN FULL ………………………………………………………………...

MOTHER’S MAIDEN NAME ………………………………………………………………..

RELIGION OF MOTHER ……………………………………………………………………

PLACE (CHURCH, DENOMINATION, ETC) AND DATE OF PARENTS’ MARRIAGE

 …………………………………………………………………………………………………..

…………………………………………………………………………………………………..

NAMES OF GODPARENTS (CATHOLICS) ………………………………………………

…………………………………………………………………………………………………..

NAMES OF CHRISTIAN WITNESSES (NON-CATHOLICS) ……………………………

…………………………………………………………………………………………………..

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**NOTE**

***Please contact the office to confirm date and time prior completing the form.***