

BAPTISM REQUEST FOR FAMILIES

Full Name of child/ren; including middle name(s):

..... DOB: AGE: School:
..... DOB: AGE: School:
..... DOB: AGE: School:

Address:

Phone Number: Email Address:

Full Name of Father:

Catholic or Religious Faith: Baptised:

Full Maiden Name of Mother:

Catholic or Religious Faith: Baptised:

Sibling: DOB: Baptised: School:

Sibling: DOB: Baptised: School:

Sibling: DOB: Baptised: School:

Child 1 Godparents/Sponsors:

Child 2 Godparents/Sponsors:

Child 3 Godparents/Sponsors:

VISIT THE PARISH WEBSITE FOR INFORMATION ON BAPTISM, GODPARENTS, ETC: WWW.HOLYTRINITYQUEENSCLIFF.ORG.AU/SACRAMENTS



OFFICE USE ONLY | BAPTISM DETAILS

Date of Baptism:

Church: **Time: 12:30pm**

Baptism Preparation Session date: Confirmation from family, received:

Non-Catholic Family (meeting with Fr Darien) date: Confirmation from family, received:

Family attended baptism preparation session / meeting with Fr Darien: (Y/N):

Is the family part of our Parish? *Post code 3225, 3226, 3227* (Y/N):

If NO, a Letter of Permission is required from the family's local Parish.

Letter received: (Y/N): Date received: