ST PATRICK'S CATHEDRAL PARISH, PARRAMATTA 1 Marist Place, Parramatta Ph: 8839 8400

Email: enquiry@stpatscathedral.com.au

The information collected on this form is treated confidentially. Necessary details will be entered into the Parish Baptism register and parish Census, and will be used for parish information only

Proposed Date of Baptism:	Proposed Date of Seminar: (Third Saturday of the Month)	
PLEASE PRINT ALL INFORMATION CLEARLY	IN BLOCK LETTERS (ALL CAPITALS)	

	LL INFORMATION child to be Baptised	CLEARLY IN BLOCK	K LETTERS	(ALL CAPITALS)		
Child's Last Nam	e					
		Place of Birth				
Father's Christia	an Name					
Father's Family	Name					
FATHER'S RELIC	GION					
Mother's Family	Name					
MOTHER'S FAM	LY NAME (MAIDEN	NAME) BEFORE MAR	RRIAGE			
MOTHER'S RELI	GION					
PLACE OF MARE	RIAGE					
Contact details						
HOME	MOBILE		EMAIL _			
NAME	S OF OTHER CHILDRE	N IN THE FAMILY DATE OF BIRTH	-	SCHOOL		
GODPARENTS: It is have received the Sacrame	customary to have two godp nts of Baptism, Confirmation odparents must provide proo		tholic Church and	and should be sixteen or older, actively practice the Catholic Faith ristian tradition who has been		
GODPARENTS		RELIG	GION			
		RELIC	GION			
We are asking to have our		e are accepting the responsibil	lity of training our c	hild in the practice of the faith. It will Ir neighbour. We clearly understand		
Mother		_	Father			
BAPTISM OFFERI of Baptism. Thank you.	ING: The Baptism Stipend	is a traditional offering. If possib	ble please deliver it	to the parish office before the day		
	Date		Signature			