



Holy Name Catholic Parish

DIOCESE OF BROKEN BAY

35 Billyard Avenue Wahroonga 2076

Web: www.holynamewahroonga.com.au

Tel: 02 9489 3221 Holynam@bbcatholic.org.au

Office Use Only:

Interview: _____

BD: _____

OOAL: _____

POD: _____

Folio No: _____ PACS: _____

BAPTISM BOOKING FORM—please PRINT clearly


CHILD'S SURNAME		CHILD'S OTHER NAMES	
Child's Date of Birth		Child's Place of Birth	
Father's Surname		Father's Other Names	Father's Religion
Father's Mobile No.		Father's Email	
Mother's Surname		Mother's Other Names	Mother's Religion
Mother's Maiden Name		Mother's Email	
Mother's Mobile No.		Date & Place of Marriage	

Home Address (Please include postcode)	

GODPARENTS

Godparents must be over the age of 16 years and at least one (1) must be Catholic.

1.	_____ Religion: _____
2.	_____ Religion _____
3.	_____ Religion _____
4.	_____ Religion _____

Are either parents of an Eastern Rite in the Catholic Church? If so, please provide details	
Regular Parish of Attendance If you are not a parishioner of Holy Name Parish <i>OR</i> If you live out of our parish boundaries, please attach Letter of Permission from your local Parish Priest.	Parish Name and Address _____ _____ _____ Letter Attached: YES ____ NO ____
A meeting with our Parish Priest will need to be arranged upon receipt of this completed form. We will do our best to try and accommodate you on one of your nominated times.	Please nominate 3 choices of suitable times for you to meet with Fr Kelvin on a Wednesday between 2:00pm-5:00pm 1. _____ 2. _____ 3. _____
Our Baptisms are held on the 2nd and 3rd Sundays of the month at 11:00am.	Requested Date of Baptism: _____ Please bring your own Baptism Candle 
Please lodge an offering/donation for your child's Baptism when you return this form online or drop the form and donation to the office. Payments (Cash/Cheque/Credit Card) may be made <ul style="list-style-type: none"> • directly at the Parish Office (located behind the Church), OR • "Pay Now" on our website: www.holynamewahroonga.com.au. Please attach receipt of payment to this form upon return to our office. Should you require any further information, please call our Parish Office (02) 9489 3221 or email Holynamewahroonga@bbccatholic.org.au	



I hereby give my consent for the Candidate to be baptised in the Roman Catholic Faith, and for the aforementioned Godparents to be the Godparents for the Candidate.	
Father's Signature: _____	Date: _____
Mother's Signature: _____	Date: _____

Do you give consent for the Candidate's name to be placed in the Parish Bulletin?	YES / NO
Have you read or received a copy of the Privacy Collection Notice?	YES / NO

Family Law / Court Matters A copy of any Court Orders concerning residence arrangement for the candidate, time spent by the Candidate with either parent, or parenting issues must be supplied with this enrolment form.
Are there any such orders? YES / NO
Has a copy of every such order been attached to this booking form? YES / NO
If not, when will they be available ?