



Pymble Catholic Parish

Baptism Registration Form

Candidate's information

Family name:			
Candidate name(s):			
Date of birth:	dd/mm/yyyy	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Place of birth (suburb & state):			
Proposed Baptism date:	dd/mm/yyyy	Would you like to celebrate the Baptism during Mass?	
		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Select the Church:	<input type="checkbox"/> Sacred Heart, Pymble <input type="checkbox"/> OLPS, West Pymble		

Parent's information

Please complete this section as shown on birth certificate

Father's full name	
Religion:	
Mother's full name:	
Mother's maiden name:	
Religion:	

Family details

Email address:	
Mobile number(s):	
Address:	
Any applicable Family Law details:	<input type="checkbox"/> No <input type="checkbox"/> Yes – <i>if you answer is yes, please complete the Family Law Matters section at the back of this form</i>

Sponsor(s) Information

Godparents must be practising Catholics, at least sixteen years old, who have been confirmed and have celebrated their First Communion. If there's a non-Catholic godparent, this one may take part as a Christian witness.

Godparents	Religion

Please note:

- By signing, you consent to have your child baptised at Pymble Catholic Parish, and to have your child's name included in our Parish Bulletin or website.
- As a Sacrament of the Church, no charge is made for the celebration of Baptism. However, it is customary to give a donation which helps to support the ministries in the parish.
- The information provided in this form is collected and handled in accordance with the Catholic Diocese of Broken Bay's Privacy Policy available on the website at www.pymblecatholicparish.org.au

Signatures

Father: Mother:

Family Law Matters

A copy of any court orders concerning residence arrangements for 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 Enrolment Form Yes/No

I hereby give my consent for the Candidate to be admitted to the Parish Sacramental Program of the Catholic Church as indicated below:

- Baptism
- Confirmation
- Reconciliation
- First Communion

Father's name

Father's signature Date

Mother's name

Mother's signature Date

OFFICE USE ONLY

Celebrant	<input type="checkbox"/> Parish Priest <input type="checkbox"/> Other
Parents attended formation class?	<input type="checkbox"/> YES <input type="checkbox"/> NO Date:
Parents provided birth certificate?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Baptism Certificate issued	<input type="checkbox"/> YES <input type="checkbox"/> NO Name:
Registered in PACS	<input type="checkbox"/> YES <input type="checkbox"/> NO Name:
Registered in the Baptism book	<input type="checkbox"/> YES <input type="checkbox"/> NO Name: