



The Catholic Parish of Pittwater

Sacred Heart & Maria Regina. Neighbourhoods of Grace, entrusted to the care of the Salvatorians.





The Catholic Parish of Pittwater

Sacred Heart & Maria Regina. Neighbourhoods of Grace, entrusted to the care of the Salvatorians.

REQUEST FOR BAPTISM – OLDER CHILDREN please print clearly

| | | |
|--|---|----------------|
| Child: Surname | | |
| Christian Name (s) <i>As on the birth certificate</i> | | |
| Date of Birth (dd/mm/yyyy) | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Place of Birth | suburb | state |
| School Attending | | |
| Family Address | | |
| | suburb | (NSW) postcode |
| Father: Full Name <i>As on the birth certificate</i> | | |
| Date of Birth | Contact Number: | |
| Religion + | | |
| Email | | |
| Mother: Full Name <i>As on the birth certificate</i> | | |
| Maiden Name | | |
| Date of Birth | Contact Number: | |
| Religion + | | |
| Email | | |
| Church, Parish or Place of Parent's Marriage | Date of Marriage/...../..... | |
| GODPARENTS | | |
| <i>Godparents must be over the age of 16 & at least one Godparent must be a practicing Catholic, & in cases where you have chosen a non-Catholic but is baptised in a Christian Denomination, please sign in as Christian Witness (next page). Catholic Parents & Godparents must provide copy of their baptismal certificate.</i> | | |
| Godparent 1 | | Religion |
| Godparent 2 | | Religion |

Select Church Sacred Heart Church, Mona Vale Maria Regina Church, Avalon Requested Date of Baptism:/...../.....

OFFICE USE: Email Baptism Program Sent/...../.....

This section to be read carefully and signed by both parents.

We personally believe all that Christ has taught us, we are dedicated to the Christian way of life and wish to pass on to our child the joy of this faith.

We request that our child named receives the Sacrament of Baptism.

If you are not a parishioner of Pittwater Parish, or live out of our parish boundaries, please attach letter of permission from your Parish Priest.

Letter attached Yes No

Would you like to join the Church's Planned Giving Programme Yes No

To be members of the Church's Planned Giving Programme, please contact the parish office for our direct debit form.

Are either parents of an Eastern Rite in the Catholic Church Yes No

If Yes, please provide details

.....

We welcome the children who have been baptised in our Parish Bulletin.

Do you give consent for your child's name to be published in the Parish Bulletin?

Yes No

Have you read the Privacy Collection Notice? Yes No

<https://www.bbcatholic.org.au/privacy-policy>

Family Law Matters

A copy of any Court Orders concerning residence arrangement for the child to be baptised, time spent by the child with either parent, or parenting issues must be supplied with this form.

Are there any such orders Yes No

Has a copy of every such order been attached to this booking Yes No

We hereby give our consent for our child to be baptised in the Roman catholic Faith, and for the aforementioned Godparents to be the Godparents for the candidate.

.....
Father's Signature Mother's Signature

Date/...../..... Date/...../.....

PARENTS CHECKLIST

Parish Office

- | | |
|---|---|
| <input type="checkbox"/> Copy of Child's Birth Certificate | <input type="checkbox"/> Original, Completed & signed Infant Baptism Request Form |
| <input type="checkbox"/> Copy of Parents Baptism Certificate | <input type="checkbox"/> Donation |
| <input type="checkbox"/> Copy of Godparents Baptism Certificate | |

To be read carefully & signed by **Catholic Godparents**

Godparents must be over the age of 16 and at least one Godparent must be a practicing Catholic, and in cases where you have chosen a non-Catholic but is baptised in a Christian Denomination, please sign as a Christian Witness. Catholic Godparents must provide copy of their baptismal certificate.

I wish to act as Godparent/s at the Baptism of
on/...../..... (dd/mm/yyyy).

I have been baptised in the Catholic Church and received the Sacraments of Holy Communion and Confirmation. I am dedicated to the Catholic way of life and wish to help these parents pass on to this child the joys of this faith.

I understand that strict adherence to Christ's commandments, especially through prayer and frequent reception of the Sacraments, is necessary if I am to fulfil the duties required of a responsible Godparent.

Name: Name:

Signed Signed

Religion Religion

To be read carefully & signed by **Christian Witness (Godparent that is not Catholic)**

I wish to act as Christian Witness at the Baptism of
on/...../..... (dd/mm/yyyy)

Although my Religion is, I am willing to support these parents & this child in their growth in the Catholic faith.

Name: Signed:

For more information on the role of Parents, Godparents and Christian witnesses visit our website:
www.pittwaterparish.org

"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 <https://www.bbcatholic.org.au/privacy-policy>'

OFFICE USE ONLY

Celebrant

Fr Ryszard Sadowski

Church of Baptism

Fr Zygmunt Smigowski

Date of Baptism/...../.....

PARISH OFFICE:

1 Keenan Street Mona Vale NSW 2103 Phone: (02) 9157 0999 email: office@pittwaterparish.org website: www.pittwaterparish.org

SACRED HEART CHURCH 1 Keenan Street Mona Vale 2103 MARIA REGINA CHURCH 7 Central Road Avalon 2107