



Register #: 202\_/\_/\_\_\_\_

# Coffs Harbour Catholic Parish - BAPTISM REQUEST FORM

Full name of **Child**: \_\_\_\_\_ **Male/Female**

I give my consent for my child to receive the Sacraments of the Catholic Church

**Date of birth**: \_\_\_\_\_ **Place of birth**: \_\_\_\_\_

**Father's signature**

Full name of **Father**: \_\_\_\_\_

Religion: \_\_\_\_\_

I give my consent for my child to receive the Sacraments of the Catholic Church

Full name of **Mother** \_\_\_\_\_ n<sup>èe</sup> (maiden name): \_\_\_\_\_

Religion: \_\_\_\_\_

**Mother's signature**

### Marriage

Date:

Catholic Church wedding  YES  NO

### Contact Information:

Street address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Godparents** - *Godparents need to have completed the Catholic Sacrament of Confirmation.*

**Name of Godfather**: \_\_\_\_\_

Catholic Church name & suburb where Godfather was Confirmed: \_\_\_\_\_

**Name of Godmother**: \_\_\_\_\_

Catholic Church name & suburb where Godmother was Confirmed: \_\_\_\_\_

### Optional Christian Witness:

A Christian Witness is someone who has been validly Baptised in a Christian denomination. If there is only one Godparent, a Christian Witness may be used.

Name of Christian Witness: \_\_\_\_\_

Christian denomination: \_\_\_\_\_

Church name and location of Baptism: \_\_\_\_\_

Are there any Court Orders regarding the child to be Baptised?  YES  NO  
If yes, please provide them to the parish office.

Tick box here if you are happy for photographs of your child/family members be shared in parish publications.

**Preparation Date:**

**Preparation by:** Fr Peter Rebello

**Sign when completed:**

**Date of Baptism:**

**Church:** Coffs, Woolgoolga, Coramba

**Celebrant:**

Permission from home parish (if required)

Valid Baptism Certificate of one parent

Birth Certificate of child

Baptism Certificate completed

Enter into Register & PACS