



Register #: 202 / ____

Coffs Harbour Catholic Parish - **BAPTISM REQUEST**

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^èe (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: If there is only one Godparent, a Christian Witness may be used as the second person. A Christian Witness is someone who has been validly Baptised in a Christian denomination.

Name of Christian Witness: _____

Christian denomination: _____

Church name and location of Baptism: _____

Are there any Court Orders regarding the child to be Baptised?
If yes, please provide them to the parish office.

YES NO

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

Preparation Date:

Preparation by:

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