Living Waters Catholic Parish

Phone: 07 5430 9377 / Email: admin.livingwaters@bne.catholic.net.au

Baptism Registration Form

Please return the completed form to the above email address

CHILD'S DETAILS

Please Print Clearly

Child's Surname: ……

Child's Christian Name/s: ……

Date of Birth: …….. **Place of Birth:**……..……

Address: ……..……

Email: ……..…… **Mobile Ph:** ……

Father's Name (in full): ……..…… **Religion:** ……

Mother's Name (in full): ..…… **Religion:** …….

GODPARENTS/SPONSORS

The role of a Godparent is to support the Parents in the faith life of their child, so it is a Church requirement that at least one Godparent is a confirmed Catholic over the age of 16.

Name: ……..……..… **Religion:** …….

Name: ……..….. **Religion:** ……..

Name: ……..……..…… **Religion:** …….

Name: ……..….. **Religion:** ……..

FAMILY LAW MATTERS

We require a copy of the birth certificate of any child being baptised.
Have you emailed a copy to the Office - **YES / NO**
(If "No" please be aware that documentation must be presented prior to the Sacrament taking place)

A copy of any Court Orders concerning residence arrangements 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

***If "Yes" has a copy of every such order been attached to this form?* YES / NO**

**I hereby give my consent for my child (named above)
to be admitted to the Sacrament of Baptism in the Catholic church.**

Father's Signature: …….. **Date:** ……

Mother's Signature: …….. **Date:** ……

(Both Parents must sign prior to the Sacrament taking place)

I also give my consent to my child/ren's name/s being included in the Parish Newsletter Yes / No

I have viewed the Online Baptism Preparation Video and now feel ready to have my / our child receive the Sacrament of Baptism.

Signature: …… **Date:** ……

OFFICE USE ONLY

Date of Baptism: ……..…… **Church:** ……..……..…..……

Parent Meeting: ……..…….. **Celebrant:** ……..……..……..……