

Please fill out and email to: admin1.cabcath@bne.catholic.net.au

CABOOLTURE CATHOLIC PARISH - REGISTRATION DETAILS

Child's Full Name:

Date of Birth: Place of Birth:

Address: Phone:

.....

Father's Full Name:

Religion:

Mother's Full Name:

Religion:

Mother's Maiden Name:

Godparents: Religion:

..... Religion:

..... Religion:

..... Religion:

Office Use Only:

Baptism Date **Church:**

Date of Parent Meeting:

Family Law Matters

We require a copy of the **Birth Certificate** of any child being Baptised.

Has the certificate been presented? **Yes / No**

(If "no" 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 any parenting issues must be supplied with this Enrolment Form.

Are there any such Orders? **Yes/No** *(please circle)* If "yes" see below.

Has a copy of every such Order been attached to this form? **Yes/No**

If "no" documentation must be presented prior to the Sacrament taking place.)

**I hereby give consent for my child 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.)