Holy Family Parish, Mount Waverley Child's Baptism Request

Confidential (All information supplied will be handled in accordance with the Privacy Policy of this Parish)

Surname of Child:			
Given Names of Child:			
Child's Date of Birth:	Place of Birth:		
Sex: M / F			
Proposed Date of Baptism:	at 11:30am		
Godparents l	Religion:	(Provide copy of Baptism Certificate)	
2	Religion:	(Provide copy of Baptism Certificate)	
PLEASE NOTE: At least one of the Godparents must be a practising Catholic; other Godparents may be Catholic, or they must have been baptised in a Christian tradition. Those who are not baptised cannot stand as Godparents.			
If you live in another Parish you need to obtain permission from your Parish Priest to have your child baptised at Holy Family.			
Please carefully check the information and spelling of names and dates as this information is recorded on the Baptismal Certificate and in the Baptismal Register.			
Father of Child		Mother of Child	
	Full Name:		
Full Name:	Maiden Name:		
Address:	Address:		
P/Code:		P/Code:	
Home Phone:	Home Phone:		
Mobile:	Mobile:		
Date of Birth:	Date of Birth:		
Religion:	Religion:		
Email:	Email:		
If Christian, Baptised:	If Christian Ray	If Christian, Baptised:	
Yes/No (Please provide copy of Baptism Certificate)	Yes/No (Please provide copy of Baptism Certificate)		
Occupation:	Occupation:		
Baptismal Commitment			
I / We accept the responsibility to bring my / our child Catholic Faith.		up in the practice of the	
I / We accept that it is our duty to bring him / her up to God and loving our neighbour.	keep God's Command	lments as Christ taught us by loving	
I / We will accept this commitment to my / our child's Catholic upbringing.			
Father		Mother	
Please return this form to the Parish Office as soon as possible.			

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236 Stephensons Road, Mount Waverley
Email: mountwaverley@cam.org.au / Ph 9807 9494
web: holyfamily.melbourne /

Holy Family Parish is committed to the safety, wellbeing and human dignity of children, young people and adults.