



# Holy Name Catholic Parish

DIOCESE OF BROKEN BAY

35 Billyard Avenue Wahrenonga 2076

Web | [www.holynamewahrenonga.com.au](http://www.holynamewahrenonga.com.au)

## BAPTISM BOOKING FORM—please PRINT clearly

### Office Use Only:

*P and T:* \_\_\_\_\_

*BD:* \_\_\_\_\_

*OOAL:* \_\_\_\_\_

*POD:* \_\_\_\_\_

*Folio No:* \_\_\_\_\_ *PACS:* \_\_\_\_\_

<b>CHILD'S SURNAME</b>		<b>CHILD'S OTHER NAMES</b>	
<b>Child's Date of Birth</b>		<b>Child's Place of Birth</b>	
<b>Father's Surname</b>	<b>Father's Other Names</b>	<b>Father's Religion</b>	
<b>Father's Mobile No.</b>		<b>Father's Email</b>	
<b>Mother's Surname</b>	<b>Mother's Other Names</b>	<b>Mother's Religion</b>	
<b>Mother's Maiden Name</b>		<b>Mother's Email</b>	
<b>Mother's Mobile No.</b>		<b>Date &amp; Place of Marriage</b>	

**Home Address (Please include postcode)**

### GODPARENTS


Godparents must be over the age of 16 years and at least one (1) must be Catholic.

1. \_\_\_\_\_ **Religion:** \_\_\_\_\_

2. \_\_\_\_\_ **Religion** \_\_\_\_\_

3. \_\_\_\_\_ **Religion** \_\_\_\_\_

4. \_\_\_\_\_ **Religion** \_\_\_\_\_

Are either parents of an <b>Eastern Rite</b> in the Catholic Church? If so, please provide details	
Regular Parish of Attendance If you are not a parishioner of Holy Name Parish <i>OR</i> <b>If you live out of our parish boundaries, please attach Letter of Permission from your local Parish Priest.</b>	Parish Name and Address _____ _____ _____ Letter Attached: YES _____ NO _____
Presentation and Baptism Talks are usually held on the last Sunday of the month <b>AND must be completed</b> before the Baptism can take place.  The presentation is held during the morning Mass usually on the last Sunday of the month prior to the date of the Baptism.	Date of Presentation and Baptism Talk you will attend: _____  You are requested to be seated at the front of the Church no later than 9.10am for Fr Paul or Fr Sam to meet with you. Following the Presentation Mass, you are required to attend the Baptism Talk in the Parish Sunroom* (duration approximately 30-45 minutes).  The *Parish Sunroom is located through the double glass doors to the left of the altar.
Our Baptisms are usually held on the 2nd and 4th Sundays of the month at 11:00am.	Requested Date of Baptism: _____ Please bring your own Baptism Candle 

**Please lodge an offering/donation for your child's Baptism when you return this form.**

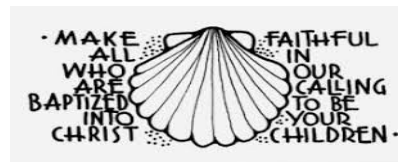
Payments (Cash/Cheque/Credit Card) may be made

- directly at the Parish Office (located behind the Church), OR
- "Pay Now" on our website: [www.holynamewahroonga.com.au](http://www.holynamewahroonga.com.au).

Please attach receipt of payment to this form upon return to our office.

Should you require any further information, please call our Parish Office (02) 9489 3221

or email [secretary@holynamewahroonga.com.au](mailto:secretary@holynamewahroonga.com.au)



Do you give consent for the Candidate's name to be placed in the Parish Bulletin?	YES / NO
Have you read or received a copy of the Privacy Collection Notice?	YES / NO

**Family Law Matters**

**A copy of any Court Orders concerning residence arrangement 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

Has a copy of every such order been attached to this booking form? YES / NO

I hereby give my consent for the Candidate to be baptised in the Roman Catholic Faith, and for the aforementioned Godparents to be the Godparents for the Candidate.

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_