

**Catholic Parish of St Ives**  
**263 Mona Vale Road, St Ives**



**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 (suburb and state)</b>	
<b>Father's full name</b> (as shown on birth certificate)			
<b>Father's Surname</b>		<b>Father's Other Names</b>	
<b>Father's Mobile No.</b>		<b>Father's Email</b>	
<b>Mother's full name</b> (as shown on birth certificate)			
<b>Mother's Surname</b>		<b>Mother's Other Names</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>	
<b>Father's Religion</b>		<b>Mother's Religion</b>	
<b>Home Address (Please include postcode)</b>			
<b>Names and Date of Birth or any other children</b>			

**GODPARENTS/ SPONSORS**

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 Corpus Christi Parish <i>OR</i> If you live out of our parish boundaries, please attach Letter of Permission from your Parish Priest.	Parish Name and Address  _____ _____ _____ _____  Letter Attached:      YES / NO
Have you read or received a copy of the Privacy Collection Notice?	YES / NO
Have you provided a copy of the Candidate's Birth Certificate?	YES / NO
Baptism Meeting	
Date/s of Baptism Meeting:	Please contact the office to arrange an appointment  _____
Baptisms are usually held on the 3 <sup>rd</sup> Sunday of the month at 11:30am	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.	



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

Should you require any further information, please call our Parish Office 9144 6998 or email office @corpuschristi.com.au

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

*The information provided is collected and handled in accordance with the Catholic Diocese of Broken Bay's Privacy Policy available on the Diocese and Parish websites.*