



# The Catholic Parish of Pittwater

Sacred Heart & Maria Regina. Neighbourhoods of Grace, entrusted to the care of the Salvatorians.





## REQUEST FOR INFANT BAPTISM please print clearly

|                                                                                                                                                                                                                                                                                                                                                |                                                               |                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------|
| Child: Surname                                                                                                                                                                                                                                                                                                                                 |                                                               |                |
| Christian Name (s)<br><i>As on the birth certificate</i>                                                                                                                                                                                                                                                                                       |                                                               |                |
| Date of Birth<br>(dd/mm/yyyy)                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Male <input type="checkbox"/> Female |                |
| Place of Birth                                                                                                                                                                                                                                                                                                                                 | suburb                                                        | state          |
| Family Address                                                                                                                                                                                                                                                                                                                                 |                                                               |                |
|                                                                                                                                                                                                                                                                                                                                                | suburb                                                        | (NSW) postcode |
| Father: Full Name<br><i>As on the birth certificate</i>                                                                                                                                                                                                                                                                                        |                                                               |                |
| Date of Birth                                                                                                                                                                                                                                                                                                                                  | Contact Number:                                               |                |
| Religion +                                                                                                                                                                                                                                                                                                                                     |                                                               |                |
| Email                                                                                                                                                                                                                                                                                                                                          |                                                               |                |
| Mother: Full Name                                                                                                                                                                                                                                                                                                                              |                                                               |                |
| Maiden Name<br><i>As on the birth certificate</i>                                                                                                                                                                                                                                                                                              |                                                               |                |
| Date of Birth                                                                                                                                                                                                                                                                                                                                  | Contact Number:                                               |                |
| Religion +                                                                                                                                                                                                                                                                                                                                     |                                                               |                |
| Email                                                                                                                                                                                                                                                                                                                                          |                                                               |                |
| Church, Parish or Place of<br>Parent's Marriage                                                                                                                                                                                                                                                                                                | Date of Marriage<br>...../...../.....                         |                |
| <b>GODPARENTS</b>                                                                                                                                                                                                                                                                                                                              |                                                               |                |
| <i>Godparents must be over the age of 16 &amp; at least one Godparent must be a practicing Catholic, &amp; in cases where you have chosen a non-Catholic but is baptised in a Christian Denomination, please sign in as Christian Witness (next page). Catholic Parents &amp; Godparents must provide copy of their baptismal certificate.</i> |                                                               |                |
| Godparent 1                                                                                                                                                                                                                                                                                                                                    |                                                               | Religion       |
| Godparent 2                                                                                                                                                                                                                                                                                                                                    |                                                               | Religion       |

Select Church ☐ Sacred Heart Church, Mona Vale ☐ Maria Regina Church, Avalon Requested Date of Baptism: ...../...../....

### OFFICE USE ONLY:

BAPTISM PROGRAM EMAILED ...../...../.....

BAPTISM DATE: ...../...../.....

## Parents

*This section to be read carefully and signed by **both Parents***

We personally believe all that Christ has taught us, we are dedicated to the Christian way of life and wish to pass on to our child the joy of this faith.

We request that our child named ..... receives the Sacrament of Baptism.

If you are not a parishioner of Pittwater Parish, or live out of our parish boundaries, please attach letter of permission from your Parish Priest.

Letter attached ☐ Yes ☐ No

Are either parents of an Eastern Rite in the Catholic Church ☐ Yes ☐ No

If Yes, please provide details

.....



Would you like to join the Church's Planned Giving Programme ☐ Yes ☐ No  
*To be members of the Church's Planned Giving Programme, please scan the QR Code to join*

We welcome the children who have been baptised in our Parish Bulletin.

Do you give consent for your child's name to be published in the Parish Bulletin? ☐ Yes ☐ No

Have you read the Privacy Collection Notice? ☐ Yes ☐ No

<https://www.bbcatholic.org.au/privacy-policy>

### **Family Law Matters**

***A copy of any Court Orders concerning residence arrangement for the child to be baptised, time spent by the child with either parent, or parenting issues must be supplied with this form.***

Are there any such orders ☐ Yes ☐ No

Has a copy of every such order been attached to this booking ☐ Yes ☐ No

We hereby give our consent for our child to be baptised in the Roman catholic Faith, and for the aforementioned Godparents to be the Godparents for the candidate.

.....

Father's Signature

.....

Mother's Signature

Date ...../...../.....

Date ...../...../.....

## Godparents

To be read carefully & signed by **Catholic Godparents**

**Godparents must be over the age of 16 and at least one Godparent must be a practicing Catholic, and in cases where you have chosen a non-Catholic but is baptised in a Christian Denomination, please sign as a Christian Witness. Catholic Godparents must provide copy of their baptismal certificate.**

I wish to act as Godparent/s at the Baptism of .....  
on ...../...../..... (dd/mm/yyyy).

I have been baptised in the Catholic Church and received the Sacraments of Holy Communion and Confirmation. I am dedicated to the Catholic way of life and wish to help these parents pass on to this child the joys of this faith.

I understand that strict adherence to Christ's commandments, especially through prayer and frequent reception of the Sacraments, is necessary if I am to fulfil the duties required of a responsible Godparent.

Name: ..... Name: .....

Signed ..... Signed .....

Religion ..... Religion .....

## Christian Witness

To be read carefully & signed by **Christian Witness (Godparent that is not Catholic)**

I wish to act as Christian Witness at the Baptism of .....  
on ...../...../..... (dd/mm/yyyy)

Although my Religion is ....., I am willing to support these parents & this child in their growth in the Catholic faith.

Name: ..... Signed: .....

For more information on the role of Parents, Godparents and Christian witnesses visit our website:

[www.pittwaterparish.org](http://www.pittwaterparish.org)

## Donation

*As a sacrament of the Church, no charge is made for the celebration of Baptism, however, if you could it is also customary to give a donation (approximately \$100 per child), which helps support the ministries in the parish. This donation can be given by the following options;*

1. By cash in a clearly marked envelope with your family name, which can be handed in to the Parish office
2. By credit card through our QR Code or our website <https://www.bbcatholic.org.au/pittwater/archive/donations-and-giving> and selecting "Baptism" from the drop down Biller Code list & writing child name in message box
3. By transfer to the following account:

Account Name: The Catholic Parish of Pittwater  
BSB: 062-784  
Account: 100001683



Would you like to join the Church's Planned Giving Programme ☐ Yes ☐ No

*To be members of the Church's Planned Giving Programme, please scan this QR Code to join*

### PARENTS CHECKLIST

EMAIL TO: [office@pittwaterparish.org](mailto:office@pittwaterparish.org)

#### Parish Office

- |                                                                 |                                                                         |
|-----------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Copy of Child's Birth Certificate      | <input type="checkbox"/> Completed & signed Infant Baptism Request Form |
| <input type="checkbox"/> Copy of Parents Baptism Certificate    | <input type="checkbox"/> Donation                                       |
| <input type="checkbox"/> Copy of Godparents Baptism Certificate |                                                                         |

*"The information provided in this form is collected and handled in accordance with the Catholic Diocese of Broken Bay's Privacy*

*Policy available on the website at <https://www.bbcatholic.org.au/privacy-policy>"*