



# The Catholic Parish of Pittwater

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



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## REQUEST FOR INFANT BAPTISM please print clearly

Child: Surname		
Christian Name (s) <i>As on the birth certificate</i>		
Date of Birth (dd/mm/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth	suburb	state
Family Address		
	suburb	(NSW) postcode
Father: Full Name <i>As on the birth certificate</i>		
Date of Birth	Contact Number:	
Religion +		
Email		
Mother: Full Name		
Maiden Name <i>As on the birth certificate</i>		
Date of Birth	Contact Number:	
Religion +		
Email		
Church, Parish or Place of Parent's Marriage	Date of Marriage ...../...../.....	
<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 Sent ...../...../.....

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

CELEBRANT: ☐ FRS ☐ FZS

VISITING PRIEST .....

## 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

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

*To be members of the Church's Planned Giving Programme, please contact the parish office for our direct debit form.*

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

If Yes, please provide details

.....

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 ...../...../.....

### **PARENTS CHECKLIST**

#### **Parish Office**

☐ Copy of Child's Birth Certificate

☐ Original, Completed & signed Infant Baptism Request Form

☐ Copy of Parents Baptism Certificate

☐ Donation

☐ Copy of Godparents Baptism Certificate

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 .....

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)

"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>

PARISH OFFICE:

1 Keenan Street Mona Vale NSW 2103 Phone: (02) 9157 0999 email: [office@pittwaterparish.org](mailto:office@pittwaterparish.org) website: [www.pittwaterparish.org](http://www.pittwaterparish.org)

SACRED HEART CHURCH 1 Keenan Street Mona Vale 2103 MARIA REGINA CHURCH 7 Central Road Avalon 2107

