



BAPTISM PREPARATION REGISTRATION FORM

St Peter Chanel and St John the Evangelist Parishes



PARISH OF REGISTRATION: _____

PREFERRED DATE OF BAPTISM: _____
(Check with the Pastoral Area Office for dates of Baptism celebrations)

CHRISTIAN NAME: _____

SECOND NAME: _____

FAMILY NAME: _____

DATE & PLACE OF BIRTH: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

MOTHER'S MAIDEN NAME: _____

PARENTS' MARITAL STATUS: _____

ADDRESS: _____

PHONE CONTACT: _____

GODFATHER: _____

GODMOTHER: _____

PARENTS' STATEMENT

We ask for our child to be baptised into the parish community of _____ because we believe in Jesus Christ and his teaching through the Catholic Church. We are committed to a Christian way of life, and to follow gospel values in our family and to share with our children our love for God and our faith in his Church. We accept the responsibility for the Christian upbringing of our children within our family and the faith community of our parish. As parents we trust in God's grace and help, and the support of our parish community.

Father: _____

Mother: _____

Date: _____

PARISH OFFICE USE ONLY: _____

DATE RECEIVED FORM: _____

DATE OF BAPTISM: _____

PLACE OF BAPTISM: _____

CELEBRANT: _____

ENTERED INTO PARISH REGISTER BY _____ DATE: _____