



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