

THE SACRAMENT OF BAPTISM

Child's Full Name: _____

Child's Date of Birth: _____ Place of Birth: _____

Parent/Guardian 1 Full Name: _____

Parent/Guardian 1 Religion: _____ Mobile: _____

Parent/Guardian 1 Address: _____

Parent/Guardian 1 Email Address: _____

Parent /Guardian 2 Full Name: _____

Parent/Guardian 2 Religion: _____ Mobile: _____

Parent/Guardian 2 Address: _____

Parent/Guardian 2 Email Address: _____

Godparents *At least one must be Roman Catholic

Full Name of Godparent 1: _____ Religion: _____

Full Name of Godparent 2: _____ Religion: _____

I/ we realise that, by presenting a child for Baptism. I/we are undertaking to bring our child up in the knowledge and practice of the Catholic faith. To the best of our ability, I/ we fully intend to fulfil that responsibility.

Please indicate your proposed baptism dates (refer to website for dates)

Date of parents information session (if known) _____

Proposed Date & Time of Baptism _____

Signature of
Parent/Guardian 1 _____

Signature of
Parent/Guardian 2 _____

SACRED HEART CHURCH

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