

## THE SACRAMENT OF BAPTISM

Child's Full Name:

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Child's Date of Birth:

Place of Birth:

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Parent 1 Full Name:

Religion:

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Parent 2 Full Name:

Religion:

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Address:

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Parent 1 Mobile:

Parent 2 Mobile:

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Parent 1 Email:

Parent 2 Email:

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Full Name of Godparent:

\* At least one must be Roman Catholic

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Full name of Godparent:

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.

Signature of Parent 1

Signature of Parent 2

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

Date parents information session

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Date & Time of Baptism

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### **SACRED HEART CHURCH**

116 COTHAM ROAD  
PO Box 3211, Cotham LPO  
KEW VIC 3101  
P: 03 9853 6701

E: [sacred.heart.parish.kew@gmail.com](mailto:sacred.heart.parish.kew@gmail.com)

W: [shkew.org.au](http://shkew.org.au)  
ABN 26 622 064 104

**Parish Office Only:**

Date attended information session

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Payment Amount (Church & Stole)

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Payment Date

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Date stole fee transferred to Presbytery

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Name of Priest

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Date confirmed baptism

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Date Baptism certificate created & sealed

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Date baptism recorded in registry

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