

## **BAPTISM BOOKING FORM**

CHILD'S FULL NAME	M / F
Date of Birth	Place of Birth
School child attends (if applicable)	
Godparent's Names and Religion:	*** At least one Godparent MUST be Catholic
Name	Religion
Name	Religion
Name	Religion
SECOND CHILD'S FULL NAME	M / F
Date of Birth	Place of Birth
School child attends (if applicable)	
Godparent's Names and Religion:	*** At least one Godparent MUST be Catholic
Name	Religion
Name	Religion
Name	Religion
THIRD CHILD'S FULL NAME	M / F
Date of Birth	Place of Birth
School child attends (if applicable)	
Godparent's Names and Religion:	*** At least one Godparent MUST be Catholic
Name	Religion
Name	Religion
Name	Religion

Father's full name	
Father's Religion - Catholic / other	***At least one Parent MUST be Catholic
Email Address	
Phone number	Occupation
Mother's full name	
Mother's Maiden name	
Mother's Religion – Catholic / other	***At least one Parent MUST be Catholic
Email address	
Phone Number	Occupation
	have permission from your Parish Priest? Yes / No h your details will be advised to your home parish.
Other Children in the family and Date o	of Birth:
Name	Date of birth
Name	Date of birth
Name	Date of birth
Office Use Only	
Date Email / Letter sent:	Fee Paid: \$
Baptism Date / Time confirmed:	AT: St Brendan's OR Dookie
·	s / No – when / where
Celebrant	
Entered in Baptism Register (Book):	
Baptismal Register No/s (Book):	
PACS – Family details entered (if app	licable):
PACS – Entered in Baptism Register:	
Other Parish notified (if applicable):	