

St Patrick's Parish Bega

Sacrament of Baptism Request Form



Childs Details

SURNAME: _____ CHRISTIAN NAMES: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

HOME ADDRESS: _____

EMAIL: _____ Phones: _____

Parents Details

FATHER'S NAME IN FULL: _____ RELIGION: _____

MOTHER'S NAME IN FULL: _____ RELIGION: _____

MOTHER'S MAIDEN NAME: _____

MARRIAGE DETAILS:

PLACE (church, denomination etc.) _____ DATE: _____

God Parents - Confirmed & Practicing Catholics (at least 1 is required by Canon Law)

Christian Witness - Any other Godparents

We/I request the Baptism of our/my child into the Faith Community of St Patrick's Parish Bega.

Parents Signatures: _____

Preferred Service & Date

It is preferred that Baptisms are celebrated during the Mass.
If not we ask that children are presented to the Parish at an earlier Mass.

St Patrick's Bega _____
Sun 9:30am

Star of the Sea Tathra _____
Sun 7:45am

St Joseph's Candelo _____
Sat 6pm 1st, 3rd & 5th Weekends

St Columba's Bemboka _____
Sat 6pm 2nd & 4th Weekends

Parish Office

Gipps St Bega 2550 Bega@cg.org.au
Ph: 6492 1058 PO Box 6 Bega 2550

Office Use

Baptizing Priest: _____

PACS: _____ Register: _____

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