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| **The Parish of St Gerard & St Anne** **Baptism Registration Form**  |
| 54-60 Knees Road Park Orchards VIC 3114 |
| Phone: (03) 7064 3922 |
| Email: parkorchards@cam.org.au |
| **Full name of Child to be Baptised:**  |   |
|  | Date of Birth  |  |   |
|  |  |  |  |
| **Parent Information:**  |  |  |
|  | Child's Father  | Full Name |   |
|  |  | Religion  |   |
|  |  |  |  |
|  | Child's Mother | Full Name |   |
|  |  | Religion  |   |
|  |  |  |  |
|  | Home Address |  |   |
|  | Email  |  |   |
|  | Mobile  |  |   |
|  |  |  |  |
| **Other Children in the Family:**  |  |
|  | Name(s) & Date of Birth  |   |
|  |  |  |  |
| **God Parent Information:**  |  |  |
|  | God Father  | Full Name |   |
|  |  | Religion  |   |
|  |  |  |  |
|  | God Mother | Full Name |   |
|  |  | Religion  |   |
|  |  |  |  |
| **Please note:** At least one Parent and one God Parent must be Catholic.  |
|  |  |  |  |
| **Important Dates - Attendance Required – Office to Complete** |
|  |  |  |  |
|  Preparation Meeting:  |  |   |
|  Welcome Mass:  |  |  |
|  Baptism Day:  |  |  |