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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: | |  |  | |