

BAPTISMAL REGISTRATION FORM

Congratulations on the birth of your child.

You now want to have your child baptised. Consider carefully what this means. Baptism is a lot more than a “naming” ceremony. Through Baptism your child will begin a life of friendship with God and will become a member of the Catholic Community.

You have the privilege and responsibility of looking after the natural life of your child. You also have the privilege and responsibility of looking after the spiritual life of your child. Your child will learn the correct attitude and duties towards God first of all from you, the parents, from the way you speak and act.

PARENTAL REQUEST FOR BAPTISM

We understand that, in a special way, within the family of the Church, God gives us the responsibility for the Christian upbringing of our child. ***We recognise that his/her first school is our home where we want to set the patterns of true Christian living. In particular, we acknowledge our commitment to be faithful to family prayer and to the celebration of the Eucharist.***

We are aware that our child must be carefully prepared for full active participation in the sacramental celebrations of the Church. We realise that in order to assure our child’s continuing Christian formation we are called to a life of unselfishness. We rely on God’s help and the continued support of God’s people in the Church, as we accept these responsibilities as Christian parents.

Signed

Father (ID # _____) Mother (ID # _____)

GODPARENTS

The role of Godparents is to act as models of Catholic living for the child. One Godparent has to be a Catholic. See our [website](#) for [more information](#).

OFFERING

It is the usual custom to make an offering to the Church as a sign of gratitude to God for the gift of life of your child. Baptism envelopes are available in the Parish Office – please hand directly to the Priest either at the Parent Meeting or on Baptism Day.

ST. PATRICK'S CATHOLIC CHURCH, KOGARAH

Presbytery/Parish Office: 38 Chapel Street, Kogarah NSW 2217

Church: 143 Princes Highway, Kogarah NSW 2217

Phone: 02 9587 8064 Email: stpatrickchurchkogarah@gmail.com

<https://www.stpatrickskogarah.org/>

*Child's Surname:

Given Names:

Date of Birth: Place of Birth (on Birth Certificate):

Home Address: Postcode:

Email Address:

Contact #:

Father's Full Name:

Father's Religion:

Mother's Full Name:

Mother's Maiden Surname:

Mother's Religion:

*Catholic Church/Parish of Parents' Marriage:

or *Civil Marriage Date/Place:

Godparents

Godfather/mother: Religion - Catholic

Name:

*Baptism/*Confirmation when/where:

Godfather/mother: Religion:

Name:

Baptism/Confirmation when/where:

Baptism date: **Time of Baptism:**

Date of Parent Meeting: **Time of Meeting:**

Name of Priest:

* Relevant Certificates required – Contact Parish Staff