

THE SACRAMENT OF BAPTISM

Please complete and return to: Ku-ring-gai Chase Catholic Parish PO Box 3196 Asquith NSW 2077

PLEASE PRINT

Candidate's Given Name/s: (one of the names should be that of a Saint)

Family Name: _____

Date of birth: _____

Place of Birth (Suburb): _____

Father's name (in full) _____

Religion of Father: _____

Mother's **Maiden** name (in full) _____

Religion of Mother: _____

Present Address: _____

Phone: _____

Church of Marriage: _____

Godparents and their **religion**.* see instructions on Baptism page

Date of Talk you wish to attend: _____

Date of Anointing Mass: _____

Date of Baptism: _____

If not a parishioner of Ku-ring-gai Chase Catholic Parish please attach letter of permission from your own Parish Priest.