 47 Lowe St PO Box 175

# Queanbeyan NSW 2620

# Telephone: (02) 6299 4611

# Facebook: St Gregory’s Parish Queanbeyan Email: queanbeyan@cg.org.au

#  Queanbeyan.sacramental@cg.org.au

#  Website:[www.stgregsqueanbeyan.com](http://www.stgregsqueanbeyan.com)

BAPTISM REQUEST FORM

***Please contact the Parish Office to confirm date and time prior to completing the form. Office use only***

**Baptisms are held on Sundays of the Month at 10.30am. Celebrant:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Baptism:Please supply your own candle |  | St Raphael’s Church  | 10.30 am  |
|  |   |   |  |
| SURNAME:  |  |
| Christian names: |  |
| Date of birth: |   |  |  |  |  |  |
| Place of birth:  |  |  |  |  |  |  |
| Gender:  |  |
| Home Address: |  |
| MOTHER’S FULL NAME: |  |
| Phone no: |  |  |  |
| Email |  |  |  |
| Mother’s maiden name: |  |
| Religion of mother:  |  |
| FATHER’S FULL NAME: |  |
| Phone no: |  |  |  |
| Email:  |  |  |  |
| Religion of father: |  |
| Marital status: Married Defacto If married: Place and date of marriage : Place: Date: Catholic Church another church another place never  |
| **Present place of worship : frequently occasionally almost never**  |
| Names of Catholic Godparents:1) 2) |
| **3) 4)** |
| **GODPARENTS: UP TO 4 CAN BE CHOSEN. BY CHURCH LAW, THE CHILD MUST HAVE AT LEAST ONE GODPARENT WHO IS A BAPTISED CATHOLIC AND HAS RECEIVED COMMUNION AND CONFIRMATION AND WHO PRACTICES THEIR FAITH ON A REGULAR BASIS. OTHER GODPARENTS ARE CHRISTIAN WITNESSES AND PLEDGE THEIR SUPPORT TO THE CHILD’S SPIRITUAL GROWTH. A CHRISTIAN WITNESS MUST BE BAPTISED IN ANOTHER FAITH.**  |
| **Names of non-Catholic Christian witnesses: Please specify Religion** |
| 1.
 |
|  |
| Other Children:Names DOB Place of Baptism School |
|  |
|  |
|  |
|  |

*Is this your first child that you are presenting for baptism? If so, then Baptism Preparation will need to be undertaken. Contact the parish office for details.*

We have NO objection to the notice of our Child’s Baptism being published in St Gregory’s Parish Bulletin and prayers of blessing being requested for us from the Parish.
**Signature/s of Parent/s** ………………………………………………………………………

**Payment:** *The preferred method of payment of the donation to the church of $75.00 (per family) is via on line payment on our website* <https://www.bpoint.com.au/payments/stgregorysparish>
*Alternatively, if you prefer to pay cash, please bring the money into the parish office before the date of baptism. Thank you.*

RECEIPT NUMBER from on line payment *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Request and Promise

**You are asked to please read these promises carefully before you sign them**.
**By the Catholic Parent/s**

I/We request that our child ......................................................................................be received into the Church through the Sacrament of Baptism.

I/We believe all that Christ has taught us, and are dedicated to the Christian way of life.

I/We wish to pass on to our children the joy of this faith.

I/We understand that Almighty God has given us the gift of this child and the responsibility for his / her Christian upbringing. We realise that the child's first and most important school is the home, where we shall do our very best to give to our children an example of true Catholic living. We acknowledge also our duty to pray as a family in our home, and to be faithful to Sunday Mass.

I/We are aware that the child must be prepared carefully for the other Sacraments of Penance/Reconciliation, Eucharist and Confirmation. We realise how sacrifices will be asked of us to give our infant child a continuing Catholic formation and preparation for life. We pray to God for the grace to make these sacrifices with a generous spirit, and that God will bless our efforts.

BOTH PARENTS TO SIGN:

Signed ....................(mother) ........................................................................................

Signed …………… (father) ………………………………………………………………..