

ST CLEMENT OF ROME PARISH, BULLEEN

BAPTISM REGISTRATION FORM

Date/Time of Baptism

Child's Full Name

Gender Date of Birth Place of Birth

Celebrant

Father's Name Religion

Please indicate which of the following sacraments you have received (insert **X** in the box) :

☐ Baptism ☐ Reconciliation (Confession) ☐ Holy Communion ☐ Confirmation

Mother's Name (Maiden) Religion

☐ Baptism ☐ Reconciliation (Confession) ☐ Holy Communion ☐ Confirmation

If you attend Mass here at St Clement's, please indicate which Mass time:

☐ Saturday 5.30pm ☐ Sunday 9am ☐ Sunday 11am (Italian)

Where Married (Church/Venue)

Home Address Post Code

Telephone (Home) (Mobile)

Email

As parents, we realize that by requesting to have our child baptised we are committing ourselves to bring him/her up according to the Catholic Faith.

Father (Signature) Mother (Signature)

Godparents are to be Catholics at least 18 years of age who have received the Sacrament of Confirmation. They may not be the parents of the child. One godparent is sufficient, two is the normal maximum number.

Godfather's Name Religion

Godmother's Name Religion