St. John Bosco's Parish
29 Muriel Street, Niddrie 3042
Email: Niddrie@cam.org.au

INFORMATION FOR BAPTISM

NAME OF BABY:

CHRISTIAN NAMES: ……

SURNAME: ……

DATE OF BIRTH: ……

PLEASE PROVIDE A COPY OF THE BIRTH CERTIFICATE

PARENTS NAMES:

FATHER: …… **RELIGION:** ……

MOTHER: …… **RELIGION:** ……

MOTHER'S MAIDEN NAME:…… **(if married)**

PARENTS' PLACE AND DATE OF MARRIAGE: ……

PARENTS' RESIDENTIAL ADDRESS: ……

…… **POSTCODE:** ……

TELEPHONE NO. ……

EMAIL ADDRESS. ……

GODPARENTS:

GODFATHER: …… **(male)**

GODMOTHER: ……**(female)**

ONE GODPARENT MUST BE CATHOLIC

DETAILS OF OTHER CHILDREN IN THE FAMILY

NAME	AGE	DATE OF BIRTH
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

□ I agree to have my child's name included in the church bulletin to be welcomed by the Parish Community.