



## Baptism Information Form:

*Please complete and return this request form well in advance of the requested date.  
Should you have any questions please do not hesitate to contact the parish.*

**Baptism Date & Time:** .....

**Baptism Location:** .....

**Child's FULL Name:** .....

**Child's Gender:** **Male / Female** *(Please circle as appropriate)*

**Child's PLACE & DATE of Birth:** .....

**Father's FULL Name:** .....

**Father's Religious Denomination:** .....

**Mother's FULL Name:** .....

**Mother's MAIDEN Surname:** .....

**Mother's Religious Denomination:** .....

**Parent's Address:** .....

.....

**Contact Phone Number:** .....

**Contact E-mail:** .....

**Godparents:** (up to maximum of 4)

**Name:** ..... **Religious Denomination:** .....

**Name:** ..... **Religious Denomination:** .....

**Name:** ..... **Religious Denomination:** .....

**Name:** ..... **Religious Denomination:** .....

**Name of Celebrant:** .....

***NB:*** *At least one Godparent must be a fully initiated Catholic over the age of sixteen.  
Any other godparent/s must be baptised Christian/s over the age of sixteen.*

**Parish Office: 14 Ralph Street Westmead NSW 2145**  
**office@sacredheartwestmead.com.au Phone: 9635 9262 Fax: 9633 9813**