

ST MICHAEL'S CATHOLIC CHURCH

Under the Care of the Michaelite Fathers

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Sacrament of Baptism Registration Form (Child)

Date: _____

Name: _____ Sex: M or F

Date of Birth: _____ Place of Birth: _____

Father's Name: _____ Religion: _____

Mother's Name: _____ Religion: _____

Address: _____

Mobile: _____ Email: _____ Home Number: _____

Parents' Place of Marriage (Church and Suburb) or write details if not married in the Catholic Church:

Church/ Parish family is currently attending: _____

(A reference letter from your parish priest is required if the family is not attending at St Michael's)

The First Godparent must be Catholic. Please provide a copy of Baptismal certificate.

First Godparent's Name: _____

Second Godparent's Name: _____ Religion: _____

Date of Baptism requested: _____ Date of Baptism Preparation Session: _____

Chosen Saint Name for Child (Baptismal Name): _____

Father's Signature: _____ Mother's Signature: _____

Office use only	
Priest: _____	Date: _____
Comments: _____	