

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: _____

First Godparent's Name: _____ (must be Catholic)

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: _____

Documents needed:

- 1) A copy of the child's birth certificate
- 2) A copy of the father's license or passport as proof of identity
- 3) A copy of the mother's license or passport as proof of identity
- 4) A copy of the baptismal certificate of first godparent
- 5) A reference letter from your parish priest if the family are not from St Michael's Hurstville.

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