

BAPTISM ENROLMENT FORM

St Pius X's Church



Manning Parish

Catholic Archdiocese of Perth

23 Paterson Street, Como WA 6152

Phone: +61 8 9313 3251

Email: manning@perthcatholic.org.au

Website: www.manningparish.org.au

DETAILS OF CANDIDATE

| | | |
|----------------|-----------------|-----------|
| Family Name: | Given Names: | |
| Date of Birth: | Place of Birth: | Gender: |
| Address: | | Postcode: |
| Home Phone: | Mobile: | Email: |

DETAILS OF PARENTS

| | | |
|---------------------|---------------------|-----------|
| Father's Full Name: | Religion: | |
| Mother's Full Name: | Maiden: | Religion: |
| Are you married? | If YES, where: | Date: |
| Father's Signature: | Mother's Signature: | Dated: |

GODPARENTS

| | |
|------------|-----------|
| Full Name: | Religion: |
| Full Name: | Religion: |
| Full Name: | Religion: |
| Full Name: | Religion: |

CONSENT OF HOME PARISH PRIEST

(If parents are not Parishioners of Manning Parish permission is needed from your home parish priest)

I, _____, Parish Priest of _____
am aware that the said baptism is taking place outside the above parishioners' home parish.

Signed: _____ Dated: _____

FOR OFFICIAL USE ONLY

| | | |
|---------------------------|---------------|-----------|
| Proposed Date of Baptism: | By: | Time: |
| Date Interviewed: | By: | Signed: |
| Instruction Session Date: | Time: | Attended? |
| Welcoming & Naming Date: | Mass Time: | Attended? |
| Parish Register Number: | Date entered: | By: |