

# 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.a

## 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:

## DETAILS OF GODPARENTS

Full Name:	Religion:
Full Name:	Religion:
Full Name:	Religion:
Full Name:	Religion:

**Note:**

To confirm your booking please hand in to the Parish Secretary before the Baptism, your completed Request Baptism Form and contact Father Lim.

It is also customary for a DONATION to be made to the Priest (in an Envelope) on the day of Baptism.

## CONSENT FROM HOME PARISH PRIEST

*(If parents are not Parishioners of Manning please see your home Parish Priest for this authorization below)*

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:	Celebrant:	Time:
Date Interview:	By:	Signed:
Instruction Session Date:	Time:	Attended?
Welcoming & Naming Date:	Mass Time:	Attended?
Parish Register Number:	Date entered:	By