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| Kilmore – St PatrickBroadford – Our Lady Help of ChristiansWallan - Our Lady of the WayWandong – St Michael | StPatSymbol3 | **Post:** 37 Sutherland St, Kilmore, Vic 3764**Phone 5782 1084** **Email:** kilmore@cam.org.au**Website:** [www.cam.org.au/Kilmore](http://www.cam.org.au/Kilmore)**Parish Priest:** Fr Grant O’Neill**Parish Secretary**: Janette Hinchcliffe |

BAPTISM REGISTER FORM

CHILD’S NAME .……………….........……………………………………… SEX ……...

CHILD’S PLACE OF BIRTH ..…….........……………………………………….….…..

CHILD’S DATE OF BIRTH .........…………………………………………….…….……

CHILD’S DATE OF BAPTISM ………........……………………………….……….……

FATHER'S GIVEN NAMES …………............………………………….………….……

FATHER'S SURNAME ………………..............…………………………………..……..

CATHOLIC: YES / NO (IF NO WHICH RELIGION ………………………………..)

 IF YES – PARISH OF BAPTISM …………...………………………………………..

MOTHER'S GIVEN NAMES …………….............………………………..…………….

MOTHER'S MAIDEN NAME ……………….............…………………………..………

CATHOLIC: YES / NO (IF NO WHICH RELIGION ..………………………………..)

 IF YES – PARISH OF BAPTISM ………..……………………………………………..

HOME ADDRESS …………………………............…………………………...…………

PHONE NUMBER …………………………............……………………….…….……..

YOUR EMAIL ADDRESS: ………………………………………………………………

GODFATHER’S GIVEN NAME ……………............. SURNAME..………….………

CATHOLIC: YES / NO (IF NO WHICH RELIGION ………………………………..)

GODMOTHER’S GIVEN NAME …………………… SURNAME ..………………......

CATHOLIC: YES / NO (IF NO WHICH RELIGION ………………………………..)

MOTHER’S PREFERRED SURNAME ON CERTIFICATE ……………………….……

 **I AM HAPPY/ AM NOT HAPPY for you to release my contact details to St Patrick’s School Parents & Friends**

 **to enable them to send a card to congratulate me on my child’s baptism.**