



# THE CATHOLIC CHURCH IN THE DANDENONG RANGES

Reynolds Lane (PO Box 100), Belgrave, Victoria 3160  
 Tel: (03) 9754 2141 Fax: (03) 9754 4118  
 Email: belgrave@cam.org.au

## Request for Baptism of an Infant

To confirm your booking, please complete and return this form along with your donation to the parish office marked for the attention of the Parish Secretary.

Mass centre attended: ( ) Belgrave ( ) Emerald		
( ) Monbulk ( ) Gembrook		
( ) Other*, please name:		
<b>Your child</b>		
Christian name:	Family name:	Date of birth: Place of Birth:
<b>Family details</b>		
Address:		
Contact telephone:	Parish*:	
Father's Christian name:	Family name:	Religion:
Mother's Christian name:	Maiden name:	Religion:
Date and place of marriage (if applicable):		
Child's siblings	Name:	Date of birth:
	Name:	Date of birth:
	Name:	Date of birth:
Godparents**	Godfather:	Religion:
	Godmother:	Religion:
<b>Proposed dates</b>		
Preparation:	Welcome:	Baptism:
Certificate:		
<b>Record of preparation</b>		
Program date & time:		
Program facilitator:	Priest:	

\* If residing outside this Parish, you must obtain a letter of permission from your local Parish Priest prior to your child's Baptism. Circle one: permission attached/permission requested

\*\* At least one Godparent must be a practicing Catholic.

## Parents declaration

We request that our child..... receive the Sacrament of Baptism. We personally believe all that Christ has taught us, and we are dedicated to the Christian way of life and wish to pass on to our children the joy of this faith. We understand that Almighty God holds us responsible for the Catholic upbringing of our baptised child. We acknowledge that the child's first school is the home, and in our home we shall endeavour to provide an example of true Catholic living. In particular, we acknowledge our duty to promote family prayer and to attend to Sunday Mass. We are also aware that our child must be prepared carefully for the Sacraments of Reconciliation, Communion and Confirmation. We understand what is expected of us in giving this infant child a continuing education in the riches of our Catholic faith.

We pray to God for His grace to aid us in carrying out our duties as parents.

Signed .....  
Father Mother

**Please note that it is customary to give a donation of \$100 minimum to the Parish for the Baptism of an infant.** Please contact Fr Anthony if you are not in a position to make such a donation.

Donation amount:..... Payment Method: Cash / Cheque\*\*\* / EFT#

\*\*\* Please make cheques payable to St Thomas More Parish.

# National Bank Melbourne, St Thomas Mores Parish Church Account  
BSB: 083 347, Account: 67214 6192

### Parish Involvement:

1. Are you formally registered in the Parish? ( ) Yes ( ) No

2. What ministries are you involved in?  
.....  
.....

3. What ministries would you like to be involved? (eg: Reader at Mass, Eucharistic Minister, Hospitality, Social Justice, Children's Liturgy)  
.....  
.....

4. We are already members of the Church's Planned Giving Programme and our Planned Giving number is .....

5. At this stage we are not members of the Planned Giving programme but realise that we have responsibility in that regard and would appreciate your help in enrolling in this program.

( ) Yes ( ) No