

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 Helen Surman.

| Mass centre atten | ded: () Belgra | ave (|) Emerald | | |
|---|-----------------|-----------------|------------|--------------------------------|--|
| | () Monb | ulk (|) Gembrook | | |
| | () Other | *, please name: | | | |
| Your child | · · · | | | | |
| | | | D (61' 4 | | |
| Christian name: | | Family name: | | Date of birth: Place of Birth: | |
| | | | | Timee of Birth. | |
| Family details | | | | | |
| 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: | |
| Proposed date | es | | | | |
| Preparation: | | Welcome: | | Baptism: | |
| Certificate: | • | | | | |
| Record of pre | paration | | | | |
| 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 | | | | |
|--|--|--|--|--|
| perso to pas the C and in ackno our c We u | equest that our child | | | |
| We p | oray to God for His grace to aid us in carrying out our duties as parents. | | | |
| Signe | ed | | | |
| | Father Mother | | | |
| an in Pleas | se note that it is customary to give a donation of \$100 minimum to the Parish for the Baptism of afant (\$50 offering for priest and \$50 towards the cost of administration and resources for Baptism). The contact Fr Geoff. if you are not in a position to make such a donation. 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 | | | |