## ST. LUKE THE EVANGELIST - BLACKBURN SOUTH

## **BAPTISM INQUIRY**

CHILD'S NAME		
FAMILY NAME		
FATHER'S NAME		
MOTHER'S NAME AND MAIDEN NAME		
GODFATHER'S NAME AND SURNAME		
GODMOTHER'S NAME AND SURNAME		
CHILD'S GENDER	MALE	FEMALE
ADDRESS		:
TELEPHONE	Mobile: _	
DATE OF BIRTH	-	
PLACE OF BIRTH e.g. Melbourne	-	
PARISH if not St. Luke's		Permission Letter:
FATHER'S RELIGION		
MOTHER'S RELIGION		
GODFATHER'S RELIGION		
GODMOTHER'S RELIGION		
	e Catholic elebration of Baptism. As a guide, we r ificate. ove Blackburn South 3130. PO BOX 214 ail: BlackburnSouth@cam.org.au	recommend \$100.
	OFFICE USE ONLY	
DATE OF BAPTISM	TIME	
CELEBRANT		
DATE PREPARATION ATTENDED	BAPTISM. COMPLETED AS SCHEDULED_	[Priest to sign]

Entered into : Registry Online registry