



St Peter Chanel & St Joseph Parish Berala

APPLICATION FOR BAPTISM

Contact Phone No: _____ Email: _____

Family Name:			
Child's Christian Name:			
Date of Birth:		Gender:	
Rite of Candidate: eg. Roman Catholic, Maronite			
Father's Full Name:			
Religion:			
Mother's Full Name Before Marriage:			
Religion:			
Address:			
Married in a Church or Civil:			
Name of Church or Civil Marriage:			

To be a Godparent a person must have received the Sacraments of Baptism, Confirmation and Eucharist and have a Faith Commitment as demonstrated by regular practice. A child must have at least one Godparent. In addition, a Baptised Person, who is not a Catholic, may act as a Christian Witness.

Godfather's Full Name:		Religion:	
Godmother's Full Name:		Religion:	
Christian Witness (if any)		Religion:	

Baptism Preparation Date:		Completed? Yes/No	
Baptism Ceremony Date:		Time:	Completed? Yes/No
Name of Priest Conducting Baptism:			
WWCC and/or Ministry Card Details:			

PARISH CENSUS - FAMILY DETAILS

First Name	Surname	M/F	Relationship to Self	Date of Birth	Religion	Baptism Y/N	Communion Y/N	Confirmation Y/N	Occupation or School Attending

Languages spoken at home: _____

Planned Giving Request Form

Your financial contribution to the Planned Giving of the Parish is your appreciation for the Parish. At the end of the financial year you will receive a receipt for your contributions. To join the Planned Giving Program fill this form, tear this part off and place it in the Sunday Collection plate

Your Name:.....

Telephone NoEmail

- Yes, please organise a set of envelopes.
- Yes, please organise automatic credit card deductions. *(An authority form will be sent for completion)*