



Parish of the Nativity
26 London Road
Aberfoyle Park SA 5159
Phone 8270 2158
Email: abnativity@adam.com.au
ABN: 11 083 216 579

REQUEST FOR BAPTISM

To the parish priest of Aberfoyle Park Catholic Parish we the undersign request the baptism for our child

Full Name of Child: _____

Child's date of birth _____

Date of Baptism :

Date of Preparation Session:

Presentation Mass:

Priest's Name Fr. Santiago Fernandes SFX.

Fathers Name _____

Mothers Name _____

Mother's Maiden name _____

Address _____

Phone _____

Who is the Catholic Parent? (tick) Both Father Mother

Date of Marriage: _____

Place of Marriage: _____

Name of Godparents 1/ _____ 2/ _____

At least one godparent is needed who should be a person of some maturity and of the Catholic faith who can be an example to the child in later years.

If desired a believing person of another Christian denomination can participate with the godparent(s) and be a Christian witness.

Name of such a Christian Witness: _____ (if applicable)

We realise that we are accepting the responsibility before God to train our child by word and example in the Christian way of life and the practice of the Catholic faith, bringing up our child to keep God's commandments as Christ taught us by loving God and our neighbour.

And thus we sign:

Signatures of the parents;

Please Note:

You can obtain your Baptism Candle from such places as Christian Supplies 183 Findon Rd Findon

Office Use Only

Baptism Stole Fee (\$100) handed in _____

Certificate Prepared _____

Entered in Register _____

Entered in Census _____