



# ST MICHAEL'S PARISH

**Under the Care of the Michaelite Fathers**



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## Sacrament of Baptism Registration Form (Child)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: M or F

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_ Home Number: \_\_\_\_\_

Parents' Place of Marriage (Church and Suburb) or write details if not married in the Catholic Church:

\_\_\_\_\_

Church/ Parish family is currently attending: \_\_\_\_\_

(A reference letter from your parish priest is required if the family is not attending at St Michael's)

**The First Godparent must be Catholic. Please provide a copy of Baptismal certificate.**

First Godparent's Name: \_\_\_\_\_

Second Godparent's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Date of Baptism requested: \_\_\_\_\_ Date of Baptism course attended: \_\_\_\_\_

Chosen Saint Name for Child (Baptismal Name): \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Mother's Signature: \_\_\_\_\_

Office use only	
Priest: _____	Date: _____
Comments: _____	