



ST MICHAEL'S PARISH

Under the Care of the Michaelite Fathers
10 Croydon Road Hurstville NSW 2220



Phone: 02 9587 2166 Fax: 02 9588 3591

Email: office@stmichaelhurst.org.au Web: www.stmichaelhurst.org.au

Sacrament of Baptism Registration Form

Child's Family Name Child's First Name Gender: M or F

Date of Birth Place of Birth

Father's Full Name Religion

Mother's Full Name Maiden Name Religion

Address

Home Number Mobile Number Email

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

Church/Parish currently attending

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

First Godparent's Full Name (must be Catholic > please provide copy of Baptismal Certificate)

Second Godparent's Full Name Religion

Date of Baptism Requested Date of Baptism Course Attended

Chosen Saint Name for Child (Baptismal Name)

Father's Signature Mother's Signature Date

Office use only

Priest: Date:

Notes: