St Rita’s Catholic Parish

37 Benfer Road, Victoria Point Qld 4165

ABN 25 758 007 105

Phone: (07) 3207 9177

Email: [victoriapoint@bne.catholic.net.au](mailto:victoriapoint@bne.catholic.net.au) Website: [www.stritasparish.org](http://www.stritasparish.org/)

|  |  |
| --- | --- |
| **Child’s Surname:** |  |
| **Child’s First Name:** |  |
| **Child’s Middle Name:** |  |
| **Child’s Date of Birth:** |  |
| **Child’s Place Birth:** |  |

|  |  |  |
| --- | --- | --- |
|  | **Male** | **Female** |
| **Candle:** | **St Rita’s Supply** | **Other Supply** |

|  |  |
| --- | --- |
| **Date of Baptism:** |  |
| **Time of Baptism:** |  |
| **Place of Baptism:** |  |
| **Celebrant's Name:** |  |
| **Mother’s Full Name:** |  |
| **Mother’s Maiden Name:** |  |
| **Mother’s Religion:** |  |
| **Father’s Full Name:** |  |
| **Father’s Religion:** |  |
| **Family Address:** |  |
| **Phone Numbers:** | **Mobile: Other:** |
| **Email:** |  |
| *Please note Godparents must be above 18 & 1 Godparent MUST be Catholic.*  **Godparent 1 Name:** | **Religion:** |
| **Godparent 2 Name:** | **Religion:** |
| **Godparent 3 Name:** | **Religion:** |
| **Godparent 4 Name:** | **Religion:** |
| **FAMILY LAW MATTERS -** A copy of any Court Orders concerning residence arrangements for the child, time spent by the child with either parent, or parenting issues must be supplied with this Enrolment Form.  Are there any such Orders? **YES / NO** Has a copy of such Order been attached to this Enrolment Form? **YES / NO** | |
| I hereby give my consent for 1. The child to be Baptised in the Catholic Church □  2. The child’s name to be included in the Parish Newsletter □ Father’s Signature: Date: Mother’s Signature: Date: | |

This Baptism was celebrated according to the details above:

Officiating Minister to Sign: Date:

**OFFICE USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **BAPTISM CHECKLIST** | **Date** | **By Who** | **Complete** |
| **Preparation Appointment Made** |  |  | □ |
| **Preparation Meeting Held** |  |  | □ |
| **Candle Ordered** |  |  | □ |
| **Candle Delivered** |  |  | □ |
| **Candle Payment Received** |  |  | □ |
| **Certificate Prepared** |  |  | □ |
| **Certificate Printed** |  |  | □ |
| **Baptism Entered into PACS** |  |  | □ |
| **Baptism Entered into Register Book** |  |  | □ |
| **Baptism Documentation Filed** |  |  | □ |

**OFFICE USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **BAPTISM CHECKLIST—RESCHEDULE DETAILS** | **Date** | **By Who** | **Complete** |
| **Rescheduled Preparation Meeting Made** |  |  | □ |
| **Rescheduled Preparation Meeting Held** |  |  | □ |