



ST. VINCENT'S PARISH

12 Bland Street Ashfield NSW 2131

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BAPTISMAL INFORMATION

CHILD'S SURNAME: _____

CHRISTIAN NAMES: _____

DATE & PLACE OF CHILD'S BIRTH: _____

Please Tick 1st Child { } 2nd Child { } 3rd { } 4th { }

FAMILY ADDRESS: _____

POST CODE: _____ TELEPHONE: _____

EMAIL ADDRESS: _____

Belong to this parish? Tick if yes { } If not, name of parish: _____

FULL NAME OF FATHER: _____

Please state religion if other than Catholic: _____

FULL MAIDEN NAME OF MOTHER: _____

Please state religion if other than Catholic: _____

FULL NAMES OF GODPARENTS (please state religion if other than Catholic):

GODFATHER(S)

GODMOTHER(S)

NAME OF PRIEST CELEBRATING THE BAPTISM: _____

PROPOSED DATE OF BAPTISM: _____ TIME: _____

Parents often ask about a donation to the Church for the Baptism. There is no 'fee' but couples usually offer a donation of \$50 to \$100.