



Baptism Application Form

BAPTISM DATE:

Child's Full Name: _____

Date of Birth : _____ Place of Birth: _____

Church: _____

Please attach a copy of your child's Birth Certificate

Father's Full Name: _____ Religion _____

Mother's Full Name: _____ Religion _____

Mother's Maiden Name: _____

Address: _____

Phone number: _____ H: _____ M: _____

Email: _____

Are you a parishioner in our parish? _____

Which Catholic Parish do you belong? _____

Godparents Name	Religion (ONE of the Godparents must be a Catholic)

Parental Authority for children to receive the Sacraments – Family Law Issues

As prepared by the Catholic Archdiocese of Brisbane Vicar General's Office

A copy of any Court Orders concerning residence arrangements for the Candidate (i.e. the child being baptised), time spent by the Candidate with either parent, or parenting issues must be supplied with this Enrolment Form.

Are there any such Orders? Yes No

If Yes: Has a copy of every such Order been attached to this Enrolment Form? Yes No

This section of the form must be signed by BOTH parents

I hereby give consent for the Candidate to be admitted to the Sacrament of Baptism of the Catholic Church.

Father's Signature: _____ **Mother's Signature:** _____

Date: _____ **Date:** _____

☐ We consent for data collection

Privacy

The privacy of all individuals is important to the South Brisbane Parish. We are committed to protecting all personal information we collect and hold. Our Privacy Policy is available at www.brisbanecatholic.org.au/privacy-policy/

Privacy Collection Statement

The parishes, school and agencies of the Archdiocese of Brisbane (we, us or our) may collect, use and disclose personal information about you. We collect personal information directly from you and may also collect personal information passively through our website. We collect your personal information to fulfil the mission and directions of our organisation, to minister the sacraments and provide pastoral care to you, to provide you with other services and products you are seeking, to communicate with you about the services and products we offer, to solicit donations and to comply with our legal and regulatory requirements. If the personal information you provide is incomplete or inaccurate, we may not be able to provide you with the services or products you seek. We may disclose personal information about you to our parishes, schools and agencies and service providers who assist us in operating our organisation.

OFFICE USE ONLY

- | | |
|--|--|
| ☐ Priest: _____ | ☐ Baptism date: _____ |
| ☐ Baptism Prep date: _____ | ☐ Calendar |
| ☐ Birth Certificate | ☐ Family Law Document |
| ☐ Sacramental Register Folio# | |
| ☐ Email List | |

PAYMENT DETAILS

Child's Full Name: _____

Parents' Name: _____

Your payment covers the cost of the resources used for this sacramental program.

Cost: \$50.00

- ☐ Direct Debit
☐ Credit Card (contact Parish Office to process)

Payment can be made via internet transfer, details are:

BSB: 064 786

Account: 006 226 001

Acc. Name: Dutton Park Church Account

Reference: {your child's last name} and 2023fhc
e.g. Smith2023fhc

Please note this bank account is for internet transactions only.

Once transfer is made, please email a screen shot to : southbrisbane@bne.catholic.net.au

Date payment was made: _____

(this date will assist the office in locating your payment in our bank records)