

**HOLY EUCHARIST PARISH – ST ALBANS SOUTH
REQUEST FOR THE CELEBRATION OF THE SACRAMENT OF BAPTISM**

FULL NAME OF CHILD: _____

DATE OF BIRTH: _____

PROPOSED DATE OF BAPTISM: _____

PROPOSED TIME OF BAPTISM: _____

DATE FOR SPECIAL PREPARATION: _____

PRIEST CELEBRATING THE BAPTISM: _____

GOD PARENTS: _____

NAME OF PARISH YOU LIVE IN: _____

HOW LONG HAVE YOU LIVED IN THIS PARISH? _____

IF FROM ANOTHER PARISH, HAS PERMISSION IN WRITING OF

LOCAL PRIEST OR HIS REPRESENTATIVE BEEN OBTAINED?

YES / NO

WE REQUEST THE BAPTISM OF OUR CHILD AND WE WILL TAKE

PART IN THE NECESSARY PREPARATION.

Signature of Parents

FAMILY ADDRESS: _____

EMAIL ADDRESS: _____ PH NO: _____

FATHER'S NAME: _____

FATHER'S RELIGION: _____

FATHER'S OCCUPATION: _____

FATHER'S COUNTRY OF BIRTH: _____

MOTHER'S NAME: _____

MOTHER'S MAIDEN NAME: _____

MOTHER'S RELIGION: _____

MOTHER'S OCCUPATION: _____

MOTHER'S COUNTRY OF BIRTH: _____

OTHER CHILDREN IN THE FAMILY:

NAME	D. O. B.	RELIGION	SCHOOL

**BAPTISMS ARE HELD PREFERABLY ON THE FIRST SATURDAY
OF THE MONTH AT 11AM OR 1:30PM**
BAPTISM PREPARATION, IS ON THE THURSDAY PRIOR TO THE FIRST
SATURDAY OF THE MONTH THAT IS CHOSEN – 7.30 PM IN THE CHURCH.