



HOLY EUCHARIST PARISH

1A Oleander Drive, St Albans, Vic. 3021
Office Hours: Tuesday – Friday: 9.00am – 3.30pm
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REQUEST FOR THE CELEBRATION OF BAPTISM

Child's Family Name: _____

Given Names: _____

Date of Birth: _____ Place of Birth _____

Parent Details: (NB: One parent must be a baptised Catholic.)

Father's full name: _____

Denomination: Catholic Anglican Uniting Church Presbyterian Other _____

(Please indicate)

Mother's full name: _____

Denomination: Catholic Anglican Uniting Church Presbyterian Other _____

(Please indicate)

Address: _____

Phone: _____ Mobile: _____

Email: _____

Name of your current Parish: _____

Godparents: (NB: each Godparent must be baptized; one needs to be a baptized Catholic)

Godfather's full name: _____

Godmother's full name: _____

Proposed Date of Baptism: _____ **Time:** _____

Celebrant Name: _____

Notices:

1. Please dress your child in white and bring a candle (Baptismal Candles for use in the ceremony are available at the piety stall).

2. Baptism is celebrated on the first Saturday of each month at 11am.

3. A Donation is much appreciated. Thank you.

4. Preparation meeting for parents/ godparents: Please note that parents are expected to attend a preparation session at 7pm of the Wednesday evening prior to the baptismal celebration in the Church.

Signature of Parents _____