Priestly Fraternity of St Peter
Latin Mass Chaplaincy, Diocese of Parramatta
Baptism Registration Form

PO Box 46, Pendle Hill NSW 2145
admin@fssp-parra.org, (02) 9688 4287

CHILD'S INFORMATION

Child's Name: _____ _____ _____
First Middle Last

Date of Birth: _____ Place of Birth: _____

Date of Baptism: _____ or Date of Supplied Ceremonies: _____

Priest: _____ Place of Baptism: _____

PARENTS' INFORMATION

Father's Full Name: _____

Mother Full *Maiden* Name: _____

Home Address: _____

Telephone: _____

Religion of Father: _____ Religion of Mother: _____

Date and Parish where parents were married: _____

*Godfather's full name: _____

*Godmother's full name: _____

**N.B. Godparents should not be chosen simply because they are family members or close friends. They must be practising Catholics who will serve as witnesses & guides to the Catholic faith, to encourage the child to live a life of grace in accordance with the obligations solemnly undertaken in Baptism.*
A maximum of two godparents are permitted by Canon Law: one godfather and one godmother.

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Office Use Only

Baptised by: _____

Certificate Issued: _____

Sacrament Registered: _____