

Latin Mass Chaplaincy – Canberra Priestly Fraternity of St Peter Baptism Registration Form

INFORMATION

Child's Name:			
Child's Name:	First	Middle	Last
Date of Birth:]	Place of Birth:	Adopted? Y/N
Date of Baptism:	or I	Date of Supplied Ceremonies:	
Priest:			
PARENTS' INFOR	MATION		
Father's Full Name:			
Mother Full Maiden	Name:		
Home Address:			
Telephone:			
Religion of Father: _		Religion of M	other:
Name of the Parish v	where parents ma	nrried:	
Godfather's full name	e:		
Godmother's full nan	ne:		
Godfather's proxy Fu	Ill Name (If app	icable):	
Godmother's proxy F	ull Name (If ap	plicable):	
		Office Use Onl	
			ed:
		Sacrament Reg	istered: