



SAINT LUKE THE EVANGELIST PARISH – BLACKBURN SOUTH

BAPTISM INQUIRY

CHILD'S NAME _____

FAMILY NAME _____

NAME OF GODPARENT(S) _____

FATHER'S NAME _____

MOTHER'S NAME AND MAIDEN NAME _____

CHILD'S GENDER MALE FEMALE

ADDRESS _____

EMAIL ADDRESS _____

TELEPHONE _____ Mobile: _____

DATE OF BIRTH _____

PLACE OF BIRTH e.g. Melbourne _____

DATE OF BAPTISM _____

PLACE OF BAPTISM _____

FATHER'S RELIGION _____

MOTHER'S RELIGION _____

- ❖ Please print clearly and ensure correct spelling as this information will be used to prepare your child's Certificate
- ❖ It is customary to offer a donation for the celebration of Parish Sacraments. As a guide, we recommend \$100.
- ❖ The Parish will provide the Baptism Certificate.

PARISH OFFICE: 46 Orchard Grove Blackburn South 3130. PO BOX 2140 Phone: 98772292
Email: blackburnsouth@cam.org.au

OFFICE USE ONLY

DATE OF BAPTISM _____ TIME _____

CELEBRANT _____

DATE PREPARATION ATTENDED _____ BAPTISM. COMPLETED AS SCHEDULED _____ *[Priest to sign]*

Entered into :	
Registry	<input type="checkbox"/>
Online registry	<input type="checkbox"/>