

# BAPTISM *in the* PARISH OF ST THOMAS AQUINAS

ST JOSEPH'S, TE PUNA - ST THERESE, BETHLEHEM *and* ST MARY IMMACULATE TAURANGA

Office Address: PO Box 15-124, TAURANGA 3144 Telephone: (07) 578 6209 Email: office@taurangamoanacatholic.nz

CHILD'S SURNAME: \_\_\_\_\_

CHILD'S FIRST NAMES: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MALE/FEMALE

ADDRESS: \_\_\_\_\_

E MAIL: \_\_\_\_\_

TELEPHONE(S): \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

FATHER'S RELIGION: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

MAIDEN NAME (if appropriate): \_\_\_\_\_

MOTHER'S RELIGION: \_\_\_\_\_

GODPARENTS' NAMES: \_\_\_\_\_ Catholic ☐ / Other: \_\_\_\_\_

\_\_\_\_\_ Catholic ☐ / Other: \_\_\_\_\_

\_\_\_\_\_ Catholic ☐ / Other: \_\_\_\_\_

*(One Godparent must be Catholic, at least 16 years of age, Confirmed and practising.)*

DATE OF BAPTISM: \_\_\_\_\_

CHURCH WHERE BAPTISM TO TAKE PLACE: \_\_\_\_\_ TIME: \_\_\_\_\_

CELEBRANT: \_\_\_\_\_

*Baptisms always take place in the church (except in emergencies).*

*Please note that it is traditional to give a donation to the Church on the occasion of your child's baptism.*

## OFFICE USE ONLY

Attended baptism course: YES/NO/NA Date attended: / /

☐ Met with \_\_\_\_\_

☐ Baptised

☐ Entered into Register

