## **CAPRICORN COAST CATHOLIC PARISH**

**Sacred Heart Church** 

to these details.

**Mary Immaculate Church** 

Postal Address - PO BOX 64, Yeppoon QLD 4703

Phone: 07 4933 6171 Email: capcoast@rok.catholic.net.au

## APPLICATION FOR A BAPTISM/CONFIRMATION CERTIFICATE

Full name of baptised person						
Date o	of birth		//		Place of birth	
Date o	of bapti	sm	//		Church of baptism	
Date o	of Confi	rmation	<b>.</b> //		Church of Confirmation	
Father	r's full 1	name				
Mother's full maiden name						
Name of applicant						
Phone number						
Address of applicant						
Relationship of applicant to baptised person						
	Authority of Applicant					
I require this certificate for: please tick $\square$						
		olment at a Catholic School or sacramental program				
tracing my family records						
	anothe	another purpose, namely				
Signat	ure				Date/	
Please note:		Church baptismal registers are not public documents and contain personal and private information about families. The purpose of this form is to establish an applicant's entitlement				