

CAPRICORN COAST CATHOLIC PARISH

PO Box 64 YEPPOON QLD 4703
Email: capcoast@rok.catholic.net.au
Parish Office – Phone: 07 4933 6171
Office Hours: Monday ~ Friday 9am to 2pm



Sacred Heart Church
Yeppoon
7 Tabor Drive YEPPOON



Mary Immaculate Church
Emu Park
38 Archer Street EMU PARK

Office Use Only

Date of Baptism.....
Time.....
Place.....Church
Priest.....
\$50 Fee Paid: YES Date.....
Date of Preparation.....
Team Member.....
Registered Number: /

BAPTISM DETAILS

Name of Candidate (In Full).....BOY or GIRL

Place of BirthDate of Birth.....

Mother's Name (In Full)..... Religion

Mother's Maiden Name (Surname)..... Married YES NO

Father's Name (In Full)..... Religion

Address.....
.....

Phone No.....Email Address

NB: The Code of Canon Law states that there be one Catholic Godfather and one Catholic Godmother, both over the age of 16. If however there is only one Catholic Godparent the other is to be baptised in another Christian faith and is therefore a Christian Witness.

Godfather's Name Religion

Godmother's Name Religion

A COPY OF YOUR BAPTISM CERTIFICATE IS REQUIRED TO CERTIFY YOU ARE CATHOLIC

Do you consent to the publication of your child's name in our Parish Bulletin? YES / NO

FAMILY LAW MATTERS

A copy of any Court Orders concerning residence arrangements for the Candidate, time spent by the Candidate with either parent, or parenting issues must be supplied with this enrolment form.

Are there any such Orders? (Please circle) YES / NO

Has a copy of every such order been attached to this Enrolment Form? YES / NO

I hereby give my consent for the Candidate to be admitted to the Sacraments of the Catholic Church as indicated: (please tick) Baptism

Mother's Signature..... Father's Signature.....