



St Peter Chanel & St Joseph Parish Beralá

APPLICATION FOR BAPTISM

Contact Phone No: _____ Email: _____

Family Name:			
Child's Christian Name:			
Date of Birth:		Sex:	
Rite : (eg. Latin, Maronite)			
Father's Full Name:			
Religion:			
Mother's Maiden Name:			
Religion:			
Address:			
If married, in a Church or Civil:			
Church/place of Marriage:			

To be a Godparent a person must (1) have received the Sacraments of Baptism, Confirmation and the Eucharist and (2) have a Faith Commitment as demonstrated by regular practice. A child must have at least one Godparent. In addition, a Baptised Christian, who is not a Catholic, may act as a Christian Witness.

Godfather's Full Name:		Religion:	
Godmother's Full Name:		Religion:	
Christian Witness (if any)		Religion:	

Baptism Preparation Date:		Completed? Yes/No	
Baptism Ceremony Date:		Time:	Completed? Yes/No
Name of Priest Conducting Baptism:			
WWCC and/or Ministry Card Details:			

PARISH CENSUS - FAMILY DETAILS

[illegible]

Languages spoken at home: _____

**STANDING AUTHORITY FOR RECURRENT PERIODIC PAYMENT BY
CREDIT CARD**

Name: _____

Mastercard/Visa (please circle) Expiry Date:____/____

Card Number

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Monthly Planned Giving	1 st Collection Donation	2 nd Collection Donation	Total Donation
The 1st Collection goes to a central fund from which priests' stipends and living expenses are drawn. The 2nd Collection goes directly to the parish.	\$	\$	\$

I hereby authorise the Parish Office of St Peter Chanel & St Joseph, Berala to debit my card account with the amount(s) specified above. In the event of any change in the amount of payment required, I will request the authority to be altered. This authority shall stand, in respect of the above-specified card and in respect of any card issued to me in renewal or replacement thereof, until I notify the Parsih Office of St Peter Chanel & St Joseph, Berala in writing of its cancellation.

Cardholders Signature_____ **Date:**_____

Thank you very much for your generosity in helping our parish fulfil our mission of giving God, and God's love and care, to everyone in our local area!

For your information:

1. Your monthly Planned Giving donation will be debited to your credit card during the last week of every month.
2. Please ring or e-mail the Parish Office if you wish to cancel this authority or defer your donation for any reason.

Parish Office Use Only: PG# _____ Date Received: _____