



Catholic Parish of the Nambucca Valley

Corpus Christ, Bowraville
Star of the Sea, Nambucca Heads

St Patrick, Macksville
Christ the King, Taylors Arm

Administration: 78 Wallace St., Macksville NSW 2447
Phone: 6568 1107 Fax: 6568 3671

Postal: PO Box 38, Macksville NSW 2447
Email: nvparish@lismore.catholic.org.au

NOTIFICATION OF BAPTISM

Child's Full Name : _____
(same name as on the birth certificate)

Date of Birth : _____ Place of Birth: _____

Proposed Date of Baptism : _____ Time: _____

Place of Baptism : _____

Father's Name (in full): _____

Father's Religion : _____

Mother's Full Maiden Name : _____

Mother's Religion: _____

Note: (At least one parent should be Catholic)

Address: _____

Contact Number: _____

Marital Status : _____ Place and Date of Marriage : _____

Local Church (if not living in the valley) _____

Godparent : _____ Religion: CATHOLIC

Godparent : _____ Religion: CATHOLIC

Note: Godparents must be of Catholic Faith. Proof may be asked (e.g Confirmation Certificate)

Celebrant : _____ Signature: _____

(Father's Signature)

(Mother's Signature)

If divorced/separated, who has the custody of the child: _____

Signed: _____

For Office Use Only:

Date Attended Baptismal Preparation Evening/Letter Received from Local Parish:

Signature of Facilitator: _____

Privacy Statement: This information will be used by the Parish Priest, and those authorised by him, to complete parish records and to prepare your child for the reception of Baptism.

Do you give permission for your child's name to appear in Church Bulletin YES/NO

Do you give permission for your child's Baptism Details to be given to school, if requested, for enrolment purposes YES/NO

For Office Use Only: is it recorded in BR: _____ PDS: _____