



St. Patrick's Catholic Church, Kogarah

Church: 143 Princes Highway, Kogarah NSW 2217
Office: 38 Chapel Street, Kogarah NSW 2217
Phone: 02 9587 8064
Email: stpatrickschurckogarah@gmail.com



Sacrament of Baptism Registration

*Surname: _____

Given Names: _____

Date of Birth: _____ Birthplace (on birth certificate): _____

Home Address: _____

Father (Full Name)

Given Name/s: _____ Last Name: _____

Contact Number/Email: _____ Religion: _____

Mother (Full Name)

Given Name/s: _____ Last Name: _____

Maiden Name: _____ Religion: _____

Contact Number/Email: _____

*Catholic or Civil Marriage of Parents

Date/Parish Name/Address: _____

We accept responsibility as parents to provide a Catholic upbringing for our child. We ask for his/her Baptism.

Father's Signature

Mother's Signature

***1) Godfather/mother: Must be Catholic** (Baptised, Confirmed, practising Catholic, at least 16 years old [Can.874,892, 893](#)).

Given Name/s: _____ Last Name: _____

Baptism/Confirmation dates and place: _____

*2) Godmother/father

Given Name/s: _____ Last Name: _____

Religion and/or Catholic Baptism/Confirmation dates and place: _____

It is customary to make an offering or donation as gratitude to God for your child's life.

Please place in a labelled envelope to hand to the Priest directly. God Bless you.

Baptism: Day, Date, Time:

Compulsory ([Can. 851](#)) Parent Meeting: Day, Date, Time:

Name of Celebrant: