## IMMACULATE HEART OF MARY CHURCH SEFTON 6 Kerrinea Road, Sefton 9644 4026

member of God's family, the Church. New Life in Christ to our child and makes him/her a We understand that Baptism is the Sacrament which gives

baptised as a Catholic We are aware of the obligations attached to having our child

us, by loving God and our neighbour through example and him/her up to keep God's Commandments as Christ taught practice of the Catholic Faith. We accept the duty to bring We accept the responsibility of training him/her in the

child baptised at Sefton Parish. Son and in the Holy Spirit. We therefore apply to have our We profess our Faith in God the Father, in Jesus Christ His

Signed by Catholic

Father: Mother:

Signed by non Catholic:

this child up as a Catholic. Church and will assist my spouse as best I can in bringing However, I still wish my child to be baptised in the Catholic I find myself unable to profess the Faith explained above.

Signed by Non-Catholic Parent

It is customary at the Baptism to give a donation (recommended donation \$50)

## Application for Sapism at Simmaculate Secont of Sharp Ranish

Archidiocese of Sopietics

Please use BLOCK letters

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CHILD'S NAME:	
DATE OF BIRTH:	PLACE:
FATHER'S NAME:	
FATHER'S RELIGION:	
MOTHER'S NAME:	
MOTHER'S MAIDEN NAME:	
MOTHER'S RELIGION:	
ADDRESS:	
PHONE NUMBER:	
EMAIL:	
GODFATHER:	RELIGION
GODMOTHER:	RELIGION

Confirmed Catholic. The code of Canon law states that at least one Godparent must be a

DATE OF BAPTISM:

BAPTISED BY



## Immaculate Acart of Mary, Obeston Earishioner Information

The information that you provide for this census will remain completely confidential. Only the Priests and Parish Secretary have access to this information

Would you please complete the following information for each member of your family;

Family status	Family name	Christian name	Birth date	Male/Female	Male/Female Occupation / School	Religion	Sacraments received ie; Bap. Rec. Comm. Conf. Marr.
Mother							
Father			ı.				
Child 1							
Child 2	`	ż					
Child 3			7				1
Child 4							
CHIN 5							

Please provide your contact details below, if any of your family members live at a different address than below, please complete a separate form

Languages spoken other than English	Postal Address	Residential Address
Email.	Phone no. (work)	Phone no. (home)

## **Further details**

Please indicate by ticking either yes or no;

- Are there any of your family members who are unable to attend Mass due to any form of disability? YES / NO
- Would you like a home visit for this family member? YES / NO
- If you are not in Planned Giving Program are you interested in joining? YES/NO
- Are you interested in participating in any of the following Parish activities? (Please tick if interested or would like further information) Legion of Mary\_ Altar server Paulian group\_\_\_\_ Discussion groups Choir\_RCIA\_ Reader \_\_\_\_ Bereavement Group\_ Youth Group
- Do you have any skills or qualifications (ie; trade or professional) that would assist the Parish (preferably on a voluntary basis)?

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