



ST PAUL'S CATHOLIC PARISH WOODRIDGE
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REQUEST FOR BAPTISM AT ST PAUL'S CATHOLIC PARISH

Please **PRINT** all names clearly.

Male Female (Please tick)

SURNAME: _____

FIRST & MIDDLE NAMES: _____

DATE & YEAR OF BIRTH: _____ AGE AT BAPTISM: _____

FATHER'S FULL NAME: _____ RELIGION: _____

FATHERS'S PHONE NUMBER: _____ EMAIL: _____

MOTHER'S FULL NAME: _____ RELIGION: _____

MOTHER'S NAME BEFORE MARRIAGE: _____

MOTHER'S PHONE NUMBER: _____ EMAIL: _____

PARENT'S ADDRESS: _____

GODPARENTS: _____ RELIGION: _____

_____ RELIGION: _____

_____ RELIGION: _____

_____ RELIGION: _____

DATE FOR BAPTISM: _____ TIME: _____

OFFICIATING PRIEST: _____

PARISH PRIVACY STATEMENT: We are committed to protecting the privacy of your information. The information you provide may be used for a variety of purposes including the provision of pastoral services, maintaining and developing our Parish infrastructure and communicating with you on what is happening within our Parish community.