



# St Mary MacKillop Catholic Parish

## Birkdale

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### Sacramental Enrolment Form - BAPTISM

Child's Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Child's Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

Parish/Place of Baptism: \_\_\_\_\_ Date of Baptism: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please provide a copy of the **Birth certificate**.

#### Mother's Information

Mother's Full Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

#### Father's Information

Father's Full Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

#### Godparent's Information

Name of the Godparent/s: \_\_\_\_\_ Religion: **Catholic**

Name of the Christian Witness: \_\_\_\_\_ Religion: **Christian**

A **Godparent** has to be at least 16 years old, must have been confirmed and received first Holy Communion, and needs to live a life of faith which will be an example and support to their Godchild. Please provide a copy of the **baptism certificate**.

#### Parental Authority for Children to receive the Sacraments – Family Law Issues

THIS SECTION OF THE FORM MUST BE SIGNED BY **BOTH** PARENTS and by *applying for the baptism of this child, you are confirming that you are acting within your legal rights, as the parent or guardian of this child to have the child baptised.*

A copy of any Court Orders concerning residence arrangements for the candidate, time spent by the candidate with either parent, or parenting issues must be supplied with this enrolment form.

Are there any such Orders? **Yes / No** (please circle)

If 'Yes', has a copy of every such Order been attached to this form? **Yes / No** (please circle)

I hereby give consent for the child to be admitted to the Sacrament of **BAPTISM** of the Catholic Church

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Privacy**

The privacy of all individuals is important to the St Mary MacKillop Catholic Parish and we are committed to protecting all personal information we collect and hold.

Our Privacy Policy is available at <https://brisbanecatholic.org.au/privacy-policy/> or on request from the Parish Office.

***Privacy Collection Statement***

The parishes, schools and agencies of the Archdiocese of Brisbane (we, us or our) may collect, use and disclose personal information about you. We collect personal information directly from you and may also collect personal information passively through our website. We collect your personal information to fulfil the mission and directions of our organisation, to administer the sacraments and provide pastoral care to you, to provide you with other services and products you are seeking, to communicate with you about the services and products we offer, to solicit donations and to comply with our legal and regulatory requirements. If the personal information you provide is incomplete or inaccurate, we may not be able to provide you with the services or products you seek. We may disclose personal information about you to our parishes, schools and agencies and service providers who assist us in operating our organisation.

**PHOTOGRAPHIC/MEDIA CONSENT**

As part of the Sacramental Programme, photography and/or video recording will/may occur.

Do you consent to your child's photo being on display within the printed/ electronic media of the Parish?

- Yes – photo and/or first name included.
- Yes – photo only
- No

I am aware that this consent is only applicable to photographs and/or video taken by the Parish's authorised photographer. The Parish is not responsible for images taken and/or distributed by those attending the parish celebration.

Parent Name: ..... Date: .....

Signature: .....

**OFFICE USE ONLY**

Form received on: \_\_\_\_\_

DATE OF BAPTISM: \_\_\_/\_\_\_/\_\_\_      TIME: \_\_\_\_\_      PLACE: \_\_\_\_\_

CELEBRANT: \_\_\_\_\_

Sacristan: \_\_\_\_\_

Appointment with the Priest: \_\_\_\_\_

Date of Workshop: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

Date of Welcome Mass: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

Fee Paid: \_\_\_/\_\_\_/\_\_\_      Receipt No: \_\_\_\_\_

Copy of the Birth certificate received

Copy of the Baptism certificate received

Received By: \_\_\_\_\_

Email List

PACS

Entered By: \_\_\_\_\_