

BAPTISM INFORMATION FORM

*** To be handed in to the Parish Office ***

Full Name of the Child: _____

Date of Birth: ____ / ____ / ____

Full Name of Mother: _____

☐ Catholic

☐ Other

Please tick

Maiden Name of Mother: _____

Full Name of Father: _____

☐ Catholic

☐ Other

Please tick

Address of Parents: _____

Telephone Number: Home: (____) _____
Cell: (____) _____

Email Address: _____

Name of god-parents:
(1) _____

☐ Catholic

☐ Other

Please tick

(2) _____

☐ Catholic

☐ Other

Please tick

With the Parish Secretary:

Agreed Date for Baptism Preparation Class: _____

Proposed Date for Celebration of Baptism: _____

Are you a member of Christ the King Parish?: _____

Would you like to become a member of our Parish?: _____

Contact Details

Parish Priest: Fr. Rick Loughnan

Email: rickgsh@gmail.com

Ph: (03) 358 2611

Assistant Priest: Fr. Benito Velasco

Email: bsjvelasco@gmail.com

Ph: (03) 358 2611

Christ the King Catholic Parish, 90 Greers Road, Burnside, Christchurch

Ph: (03) 358 2611 | **Email:** ctk.parish@xtra.co.nz



FOR OFFICE USE ONLY

PRIEST MADE CONTACT

☐

Please tick

PRIEST VISITED FAMILY

☐

Please tick

AGREED DATE FOR BAPTISM

SECRETARY COPIED

☐

Please tick

