



THE CATHOLIC PARISH OF NEW PLYMOUTH TE PĀRIHI KATORIKA KI NGĀMOTU

106 Powderham St,
New Plymouth 4340
Phone 06 757 3682
Fr Simon Story PP simon@catholicparishnp.nz

P O Box 32
Taranaki Mail Centre 4340
office@catholicparishnp.nz
www.catholicparishnp.nz

ENROLMENT FORM – BAPTISM FOR OLDER CHILDREN - 2021

CHILD'S FULL NAME:M/F

(A separate form is required for each child, please print clearly - this name will appear on their Baptismal Certificate)

Name your child likes to be called:

CHILD'S DATE OF BIRTH:

CHILD'S SCHOOL: **INTENDED SECONDARY SCHOOL:**

I would like to enrol my child for the Sacrament of Baptism.

MOTHER: **Catholic Y/N** **PHONE:**

FATHER: **Catholic Y/N** **PHONE:**

(Please confirm which parent is Catholic - cross out option that does not apply)

ADDRESS:

.....

EMAIL:

PREFERRED CONTACT NUMBER:

GODPARENTS NAMES:*

(*You do not have to complete this field at the time of enrolment)

Has your child already been Baptised/Christened in another faith? e.g. Anglican **YES / NO**

If so please provide details **Place of Baptism:**..... **Date:**

Other information:

.....

Preparation sessions are over three Sundays: 15/22/29 August. Each session is approximately 1 hour following the 9am Mass. Prior to the course there is a parent-only "Introduction to Baptism" session. Further details will be emailed to enrolled families. For more information please contact the Parish Office Ph: 757 3682 or youngfamilyminister@catholicparishnp.nz

PLEASE RETURN THIS FORM TO THE PARISH OFFICE - ATTENTION Michelle

(For Parish Baptism Register)

Date of Child's Baptism _____ Register no. _____

Godparents _____ Religion _____

Celebrant _____ Church of Baptism _____

Certificate/done/given delivered___ Baptism Register entered___ Notification if applicable___ Parish roll___