

CONSENT TO BAPTISM

**Consenting Parent, Guardian or Foster Parent must sign in the presence of a Witness
(Please Print)**

Re BAPTISM of:

Child's Last Name _____ Given Name(s) _____ Birth Date (D/M/Y) _____

Address _____ Postal Code _____

To the Pastor/Pastoral Assistant:

1. I, the undersigned declare that my full name, birth date, address, phone numbers and occupation are:

Last Name _____ Given Name(s) _____ Birth Date (D/M/Y) _____

Address _____ Postal Code _____

Home Phone _____ Business Phone _____ Occupation _____

2. I am a Parent Guardian Foster Parent of the child named above.
3. I hereby consent to that child being baptised according to the Rite of the Catholic Church.
4. I fully understand this Consent Form.

Signed on: _____
Date

Signature of Consenting Parent/Guardian/Foster Parent

In the presence of:

Signature of Witness

Last Name of Witness _____ Given Name(s) _____

Address _____ Postal Code _____

Home Phone _____ Business Phone _____