



SACRED HEART PARISH CHURCH

Roman Catholic Diocese of Armidale

(P.O. Box 107) Tel.: 67221103

81 VIVIAN St. INVERELL 2360 N.S.W. Australia

Email: inverellparish@armidale.catholic.org.au

WELCOME!

**THE CATHOLIC CHRISTIAN COMMUNITY OF INVERELL
IS VERY HAPPY THAT YOU'VE MADE CONTACT
FOR YOUR CHILD'S BAPTISM.**

PLEASE FEEL FREE TO CONTACT OR SEE US

**for a start,
please note the following:**

1. **BAPTISMS** are held on Saturdays at 11:00 am.
2. One of the parents must be **CATHOLIC**; one of the **GODPARENTS** must likewise be **CATHOLIC**.
Because of the **SCRUTINY** at the Rite of Reception of the Child/Children and the Renunciation of Sin and Profession of Faith - which are integral parts of the Catholic Rite of Baptism, a non-believer; an un-baptised Christian; or a non-Christian cannot be a Godparent. Any issue and concern regarding this, please talk to the priest.
3. **PRIOR** to baptism: Parents/Guardians are required [without exception] to attend a **BAPTISM Preparation Session** held normally on 1st Saturdays of the month at 2:00 pm at the Parish Meeting Room:

Please confirm with the Parish Office which **BAPTISM Preparation Session** you intend to attend; it must always be before the date of baptism you have chosen for your child.
4. The suggested Offering for Baptism is: \$ 75.00 per child.
5. **PRIOR** to the **BAPTISM Preparation Session** you intend to attend: please submit the **Baptism Details** [so we know you are attending] and the suggested Offering of \$ 75.00 to the Parish Office in order to confirm the date and time of **BAPTISM**.
6. **NAMES** in the **BAPTISM DETAILS** must be **FULL NAMES** – not nicknames; they will be entered in the Parish **BAPTISMAL Registry** – an official and a permanent church record of your child.
7. The **FULL NAME** of your child and your **FIRST NAME/s** will be printed in the Parish Bulletin and in the Parish Website. **IF YOU OBJECT TO THIS**, please inform the priest when you submit the **Baptism Details**.
8. If you have any concerns at all, please contact the priest [67221103] directly.

WEEKEND MASS SCHEDULE

Saturdays at 6:00 pm

Sundays at 9:00 am

BAPTISM DETAILS:

DATE OF REQUEST: _____

DATE OF BAPTISM: _____

CHILD'S FULL NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

FATHER'S FULL NAME: _____

ADDRESS: _____

TELEPHONE: _____ RELIGION: _____

MOTHER'S FULL MAIDEN NAME: _____

ADDRESS: _____

TELEPHONE: _____ RELIGION: _____

GODFATHER'S FULL NAME: _____

RELIGION: _____

GODMOTHER'S FULL NAME: _____

RELIGION: _____

I/ WE, THE UNDERSIGNED, FREELY REQUEST THAT OUR CHILD/CHILDREN BE BAPTIZED IN THE CATHOLIC CHURCH, AND WE HAVE UNDERSTOOD OUR RESPONSIBILITIES TOWARDS OUR CHILD TO BRING THEM UP IN THE PRACTICE OF THE FAITH.

FATHER: _____ MOTHER: _____

NOTES: _____

**If domiciled in another parish,
please provide the following information:**

Name of Priest : _____

Name of Parish : _____

Address of Parish: _____

Post Code: _____

Telephone: _____