



## St. Andrew's Parish

105 Greaves Street North, Werribee VIC 3030

Phone: 9741 4144

Fax: 9741 4433

ABN No. 28681862552

ALL CORRESPONDENCE TO:

P.O. Box 872, WERRIBEE VIC 3030

Website: [www.standrewswerribee.org.au](http://www.standrewswerribee.org.au)

Email: [werribee@cam.org.au](mailto:werribee@cam.org.au)

### HBRE BAPTISM INFORMATION FORM 2022

Child's Full Name (Incl middle names): \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current School \_\_\_\_\_ Year level in 2022: \_\_\_\_ Age: \_\_\_\_

Any Health Issues or Learning Difficulties: \_\_\_\_\_

#### **Father/Legal Guardian Information**

Name: \_\_\_\_\_

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

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

Phone Numbers: Mobile/Home: \_\_\_\_\_ Religion: \_\_\_\_\_

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

**Signature Father/Legal Guardian :** \_\_\_\_\_

#### **Mother/Legal Guardian Information**

Name: \_\_\_\_\_

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

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

Phone Numbers: Mobile/Home: \_\_\_\_\_ Religion: \_\_\_\_\_

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

**Signature Mother/Legal Guardian :** \_\_\_\_\_

Are you and your family enrolled members of St. Andrew's Parish? **Yes/No** (Please circle)

Do you contribute to St. Andrew's Parish Stewardship Program? **Yes/No** (Please circle)

**Stewardship No:** \_\_\_\_\_