**St Patricks Church
Michelago**

**St Gregory’s Parish
St Raphael’s Church
Lowe Street Queanbeyan
St Gregory’s Church Molonglo Street Queanbeyan**

**St Mary’s Parish
St Mary’s Church Bungendore
St Joseph’s Church Gundaroo**

**Northern Mission Incorporating**

**Postal: PO Box 175**

**Queanbeyan NSW 2620
 Phone: 6299 4611 Email:** queanbeyan@cg.org.au **web: ww.stgregorysparishqueanbeyan.com**

**PERMISSION TO CELEBRATE A BAPTISM AT ST GREGORY’S PARISH WHEN THE FAMILY RESIDE IN ANOTHER PARISH**

|  |  |
| --- | --- |
| **Parents names**  | **…………………………. ……………………….** **Father Mother** |
| **Address** |  |
| **Phone Number** |  |
| **Name of your parish****Suburb & State** |  |
| **Date of Baptism** |  |
| **Name of Child(ren)****Date of birth:**  |  |
| **Baptism** **Preparation session attended****If applicable**  |  |

**Consent from your Parish Priest**

Confirmation of a baptism booking cannot be accepted at St Gregory’s Parish, Queanbeyan, without permission of your Parish Priest.

I wish to confirm that I have agreed to the above Baptism taking place at St Gregory’s Parish, Queanbeyan NSW, and I believe the parents have prepared for their child’s baptism.

Signed …………………………………………Parish Priest

Date……………………...................................