**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……………………...................................