**Northern Mission Incorporating**

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

**St Patricks Church
Michelago**

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

**Postal: PO Box 175**

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

**Parish Priest**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERMISSION TO CELEBRATE A BAPTISM AT ANOTHER PARISH**

|  |  |
| --- | --- |
| **Parents names:**  | **Father Mother**  |
| **Address:** |  |
| **Phone Number:** |  |
| **Child(ren) Name** |  |
| **Name of Parish where baptism is to be celebrated** |  |
|  **Date of Baptism** |  |
| **Baptism Preparation completed (if applicable)**  |  |

**Consent from the Parish Priest at St Gregory’s Parish**

I wish to confirm that I have agreed to the above Baptism taking place at

and I believe the parents have prepared for their child’s baptism.

Fr Troy Bobbin, PP

St Gregory’s Parish

Queanbeyan NSW Australia Dated: …………………………………