

## DETAILS FOR BAPTISM CERTIFICATE

Child's full name	Boy/Girl (please circle)
Father's full name	
Mother's full name	(nee' _____)
Address	
Phone number	
Date of birth	
Place of birth	
Date of baptism	
Celebrant	
Church	
Godparent	
Godparent/Witness*	

By completing this form, I consent to my information being stored and used for the pastoral, financial, administrative and fundraising purposes of the Parish of the Good Shepherd and the Catholic Diocese of Christchurch. I understand that my data will be held securely and that I have a right to access my information. I understand that when this information is no longer required for this purpose, my data will be disposed of according to the Parish and Diocesan Record Retention and Disposal procedure.

Catholic Parish of the Good Shepherd, Hurunui  
138A Carters Road, Amberley 7410

\*(Godparents: One male, or one female, or one of each sex. Must be over 16 and baptised Catholic and leads a life in harmony with the faith and the role to be undertaken, and not be the parents. A baptised non-Catholic can act as a witness alongside a Catholic Godparent)