

REQUEST FOR BAPTISM
(Copy of Birth Certificate should accompany this Form)

Child's Surname: _____

Child's Christian name(s): _____

Date of Birth: _____

Father

Surname: _____

Christian Name: _____

Religion: † _____

Mother

Surname: _____

Christian Name: _____

Religion: † _____

Address of Parents: _____

_____ Eircode: _____

Contact Number: _____ E-mail: _____

Date and Place of Church-Marriage of Parents: _____

Godfather *

Surname: _____

Christian Name: _____

Is he a baptised Catholic who has been confirmed? _____

Godmother *

Surname: _____

Christian Name: _____

Is she a baptised Catholic who has been confirmed? _____

Is he over sixteen years? _____

Is she over sixteen years? _____

We request Baptism for our child: **

Signature of Father

Signature of Mother

† One of the parents must be a Catholic

* Minimum requirement is one Godparent. If there are two they must be male and female and must both be practising Catholics.

** Signature of mother alone is sufficient where she is unmarried, is sole guardian and is not requesting that the father's name be entered.

Baptism Meeting: First Tuesday of the Month at 8pm in the Pastoral Centre

Privacy Notice

The information contained in this Form will be used to register this Baptism in the Parish.

The copy of the Birth Certificate you submitted will be destroyed once the Baptism is registered.

The information entered in the Baptism Register will be retained permanently.

Consent

On the occasion of welcoming the newly baptised into our parish community, we would like your permission to the following:

To publish his/her name in the parish newsletter which will be available in the church and on our parish website

To publish his/her name on the parish social media

To let you know about future events/celebrations taking place in our parish

Signature

Signature

Date

Date