

REQUEST FOR SACRAMENT OF BAPTISM

(Copy of Civil Birth Certificate should accompany this form)

Child's Surname			
Christian Name(s)			
Date of Birth		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address of Parents:			
Telephone No.		Mobile No.	

Father		Mother	
Surname		Maiden Name	
Christian Name		Christian Name	

Godfather*		Godmother*	
Name		Name	
Address		Address	
Baptised & Confirmed		Baptised & Confirmed	

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

We request Baptism for our child:

_____ *Signature of Mother*

_____ *Signature of Father*

Presiding Priest: _____ **Date of Baptism:** _____

Privacy Notice: The information contained in this form will be used in connection with your child's Baptism and to register this Baptism in the Parish. The copy of the birth certificate you submitted will be destroyed once the Baptism is registered. The request form will be destroyed one year after your child's Baptism. The information entered in the Baptism Register will be retained permanently.

Permission to publish your child's name in Parish Newsletter

Meeting Attended **Birth Certificate Attached** **Birr** **Carrig**