REQUEST FOR BAPTISM (both pages to be returned to the parish office)
(Copy of Child's Birth Certificate should accompany this Form)

Child's Surname:_____

Child's Christian Name(s): _____

Date of Birth: _____

Date of Baptism requested: _____

FATHER

Surname: _____

Christian Name: _____

Religion:✡_____

MOTHER

Surname, Maiden Name if married:_____

Christian Name: _____

Religion:✡ _____

Address of Parents: _____

Contact Number:

_____

Email:

_____

Date and Place of Church-Marriage of Parents (if applicable):

_____

GODFATHER:

Surname:_____

Christian Name: _____

Is he baptised Catholic who has
Been confirmed: _____

Is he over sixteen years? _____

GODMOTHER:

Surname: _____

Christian Name: _____

Is she baptised Catholic who has
been confirmed: _____

Is she over sixteen years? _____

We (parents) request Baptism for our child:

_____
Signature of Father

_____
Signature of Mother

✡ One of the Parents must be a Catholic.
✡ Both parents must sign this form if both parents are named on the birth certificate.
✡ Two months' notice must be given – date requested is subject to availability.

REQUEST FOR BAPTISM (page 2 to be returned to the parish office)

- The minimum requirement is one Godparent. The maximum requirement is two Godparents, they 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 in The Baptism Register.

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

_____ _____

Signature Signature

_____ _____

Date Date