

REQUEST FOR BAPTISM

(Copy of Civil Birth Certificate should accompany this Form)

Child's Surname: _____

Child's Christian name(s): _____

Date of Birth: _____

Child's Address: _____

Phone Number: _____ Mobile Number: _____

Email address: _____

Date of Baptism: _____ Parish Ref No: _____

Father

Surname: _____

Christian Name: _____

Mother

Maiden Name: _____

Christian Name: _____

Godfather*

Name: _____

Godmother*

Name: _____

We request Baptism for our child:

Signature of Mother**

Signature of Father**

- * Minimum requirement is one Godparent. If there are two Godparents, there should be one male and one female.
- ** Signatures of parents as recorded on the Civil Birth Certificate.

Privacy Statement

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 in the Parish Register will be retained permanently.

We would like to let you know about different future events/celebrations taking place in the Parish. Are you happy that we use the contact information you have provided to do this?

YES

Signature

Date