

BAPTISM REQUEST

Diocese of Achonry

CHILD DETAILS - (as on Birth Certificate - A photocopy of Birth Certificate should accompany this form)

SURNAME: _____

CHRISTIAN NAME(S): _____

DATE OF BIRTH: _____

PARENT DETAILS

FATHER'S NAME: _____ SURNAME _____ RELIGION: _____

MOTHER'S NAME : _____ MAIDEN NAME _____ RELIGION: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL (optional): _____

SPONSOR DETAILS - (Minimum requirement is one Godparent. Where two, one must be male and one female, both practising Catholics, confirmed and over the age of sixteen)

GODFATHER'S NAME: _____ RELIGION _____ OVER 16 Yes No

GODMOTHER'S NAME: _____ RELIGION _____ OVER 16 Yes No

BAPTISM DETAILS:

CHURCH OF BAPTISM: _____ DATE: _____ TIME: _____

DATA PROTECTION

As part of welcoming the newly baptised into our parish community, we seek your permission to the following:

	YES	NO
To publish his/her name in the parish newsletter which will be available in the church and parish website or social media	<input type="checkbox"/>	<input type="checkbox"/>
To contact you regarding the future Sacramental Preparation of your child	<input type="checkbox"/>	<input type="checkbox"/>
To let you know about future events/celebrations taking place in the parish	<input type="checkbox"/>	<input type="checkbox"/>

- *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.*

We request baptism for our child:

SIGNATURE(S): FATHER _____ MOTHER _____ DATE _____