

# St.Patricks Church Skerries

## Request for Baptism

**(copy of child's birth certificate must accompany this form)**

### **Please Print**

Child's Surname: \_\_\_\_\_

Child's Christian Name/s: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent's address: \_\_\_\_\_

\_\_\_\_\_

Baptism Date: \_\_\_\_\_ Date to be confirmed with office after all paperwork is received.

Preparation Meeting Date: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Home phone no. \_\_\_\_\_ Mobile no. \_\_\_\_\_

Place of Parents Marriage: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

#### **Father:**

Surname: \_\_\_\_\_

Christian Name: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

#### **Mothers Maiden Name:**

Surname: \_\_\_\_\_

Christian Name: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

#### **Godfather\***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

#### **Godmother\***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of birth: \_\_\_\_\_

**We request Baptism for our child and agree to attend a preparation course. We accept that if we fail to attend this meeting the Baptism will be cancelled or reassigned a new date.**

\_\_\_\_\_  
Signature of Mother:

\_\_\_\_\_  
Signature of Father:

**DATE** \_\_\_\_\_

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

Godparent/s **must** be practising catholics and **16 Years or older**