



REQUEST FOR BAPTISM – KILMACUD PARISH

(Copy of Civil Birth Certificate should accompany this Form)

Child's Surname: _____

Child's Christian name(s): _____

Date of Birth: _____

Address of Parents: _____

Phone Number: _____ Mobile Number: _____

Date and Place of Church Marriage of Parents: _____

<u>Father</u>
Surname: _____
Christian Name: _____

<u>Mother</u>
Maiden Name: _____
Christian Name: _____

<u>Godfather*</u>
Name: _____
Address: _____
Aged Over 16 _____

<u>Godmother*</u>
Name: _____
Address: _____
Aged over 16 _____

We request Baptism for our child:

Signature of Mother**

Signature of Father

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

** Signature of Mother alone suffices where she is unmarried, is sole guardian and is not requesting that the father's name be entered.

**BAPTISMS ARE CELEBRATED ON THE FIRST SATURDAY @ 11.30AM
AND THE THIRD SUNDAY OF THE MONTH AFTER 11.30AM MASS**

PARISH OFFICE -01 2884009 9.30am -1.00pm Monday – Friday www.kilmacudparish.com

Date of Baptism: _____