



BAPTISMAL FORM

Photocopy of Civil Birth Certificate must be attached - Civil Cert Number _____
Please use Block Letters

PROPOSED DATE AND TIME OF BAPTISM: _____ CHURCH: _____

✠ ✠ ✠ ✠ ✠ ✠ ✠ ✠ ✠ ✠ ✠ ✠ ✠ ✠ ✠ ✠

CHILDS DETAILS

CHILD'S SURNAME: _____ CHILD'S CHRISTIAN NAME (S): _____

DATE OF BIRTH: _____

✠ ✠ ✠ ✠ ✠ ✠ ✠ ✠ ✠ ✠ ✠ ✠ ✠ ✠ ✠ ✠

PARENT DETAILS

MOTHER'S SURNAME: _____ FATHERS SURNAME: _____
(Maiden Name)

CHRISTIAN NAME: _____ CHRISTIAN NAME: _____

MARRIAGEABLE STATUS: _____

FAMILY ADDRESS: _____

CONTACT PHONE NUMBER: _____ EMAIL ADDRESS: _____

✠ ✠ ✠ ✠ ✠ ✠ ✠ ✠ ✠ ✠ ✠ ✠ ✠ ✠ ✠ ✠

SPONSORS DETAILS

(One Sponsor, Male or Female, is sufficient: but there may be two, one of each sex. c.873
 They must be a Catholic, should be over 16 years of age and must have received the Sacrament of Confirmation – c.873 & 874)

GODMOTHER NAME & ADDRESS: _____

GODFATHER NAME & ADDRESS: _____

We request the Sacrament of Baptism for our Child and understand that a record of these details will be entered in the parish register.

MOTHERS SIGNATURE

FATHERS SIGNATURE

**Details from this form will be used to complete the relevant Baptismal Register entry.
 This form and birth cert will be destroyed following entry in the Baptismal Register.**

Baptism is the Greatest Gift we can receive, but with the Gift comes great responsibility.