

St.Patricks Church Skerries

Request for Baptism

(A copy of the 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 ONLY when ALL paperwork is completed.)

Preparation Meeting Date: _____

EMAIL: _____

Home phone no. _____ Mobile no. _____

Place of Parents Marriage: _____

Date of Marriage: _____ Civil _____ Religious _____

Father:

Surname: _____

Christian Name: _____

Mobile Number: _____

Mothers *Maiden* Name:

Surname: _____

Christian Name: _____

Mobile Number: _____

Godfather* Must be practising catholic and 16years or older.

Name: _____

Address: _____

Date of Birth: _____

Godmother* Must be practising catholic 16years or older.

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 of Application: _____

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