BLOCK CAPITALS PLEASE

Child's Surname _____

First Name _____

Baptism Name _____

Date of Birth _____

Father's Name _____

Mother's Name
(Including Maiden Name) _____

Date and Place Of
Marriage of Parents _____

Sponsors _____
Must be Catholic and over 16 years of Age _____

Day of Baptism: ☐ Sat ☐ Sun

Date:

Place: ☐ Trim ☐ Boardsmill

Home Address of Child _____

Telephone _____

Signature of Minister of Baptism _____
(Signed on the day of Baptism)

Declaration

We the Parents/Guardians recognise that, in asking to have out child baptised, we are assuming the responsibility of bringing our child up in the Catholic Faith.

We promise in the sight of God to teach our child to pray, to know Jesus Christ and walk with them on their faith journey to First Communion.

Signed _____

Email _____

Dated _____