**![C:\Users\John\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\KG56GYBU\MC900444830[1].jpg]() REQUEST FOR BAPTISM – Mount Merrion Parish**

*(Copy of Civil Birth Certificate should accompany this Form)*

**DATE OF BAPTISM:**

Child’s Surname:

Child’s Christian name(s):

Date of Birth:

Address of Parents:

Email: Mobile Number:

Date and Place of Church Marriage of Parents:

Father

Surname:

Christian Name:

Mother

Maiden Name:

Christian Name:

Godmother\*

Name:

Address:

Aged over 16

Godfather\*

Name:

Address:

Aged Over 16

We request Baptism for our child:

Signature of Father Signature of Mother\*\*

*\* 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 2ND & 4TH SATURDAY @12PM**

**AFTER REGISTRATION A MEMBER OF THE PARISH BAPTISMAL TEAM WILL MAKE CONTACT PARISH OFFICE -01 28812719.00 -11.30AM Monday - Friday** [www.mountmerrionparish.ie](http://www.mountmerrionparish.ie)