

MOUNT MERRION PARISH

BAPTISM REQUEST FORM

DATE OF BAPTISM: _____

(Copy of Birth Certificate should accompany this form)

Child's Surname: _____

Child's Christian Names: _____

Date of Birth: _____

Address of Parents: _____

Phone Number: _____ Mobile Number: _____

Date & Place of Church of parent's marriage: _____

Father's Surname: _____ Christian Name: _____

Religion: * _____ email address: _____

Mother's Maiden Name: _____ Christian Name: _____

Religion: * _____ email address: _____

Godfather's** Name: _____

Is he over 16 years? Y/N Is he a baptised Catholic and has he been confirmed? Y/N

Godmother's** Name: _____

Is she over 16 years? Y/N Is she a baptised Catholic and has he been confirmed? Y/N

We request Baptism for our child: ***

Signature of Father

Signature of Mother

*One of the parents must be a Catholic.

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

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

Official:

Birth Certificate presented:



Signature of Priest:

Consent:

As part of welcoming the newly baptised into our Parish community we would like your permission to the following:

Publish his/her name in the Parish Newsletter which will be available
in the Church and on our Parish website:



To publish his/her name on the Parish Facebook page:



To let you know about future events/celebrations taking place in our Parish:



Signature:

Date:

The information contained in this Form will be used to register this Baptism in the Parish. The copy of the Birth Certificate you submitted will be shredded once the Baptism is registered. The information entered in the Baptism Register will be retained permanently.

Fr. Joe Mullan ADM 087 232 6254

Email: parishoffice@mountmerrionparish.ie

Parish office hours Monday – Friday 9.00am – 12.30pm