Garristown/Naul/Rolestown Pastoral Area

Pastoral Area Office, Parochial House, Garristown, Co. Dublin A42 PF64 **(01)** 835 4138 ⁽¹⁾ pagnr44@gmail.com

REQUEST FOR BAPTISM

A copy of the child's Civil Birth Certificate must accompany this form. The details from this will be used to register the Baptism Please complete the form using BLOCK CAPITALS.

	•	-	
Name of Church for Baptism		Date of Baptism	
CHILD'S DETAILS			
Child's Surname			
Child's Christian Name(s)			
Child's Date of Birth			
PARENTS' DETAILS One of the Parents MUST be a Catholic			
Mother's Maiden Name		Father's Surname	
Mother's Christian Name		Father's Christian Name	
Mother's Religion		Father's Religion	
Parents' Address			
Phone Number			
GODPARENT'S DETAILS Minimum requirement is one Godparent. Godparents must be over 16 years old and be practising Catholics. If there are more then only one male and one female Godparent can be recorded in the Baptism Register.			
Godmother's Name		Godfather's Name	
Is she over 16 years old?		Is he over 16 years old?	
Is she a baptised Catholic who has been Confirmed?		Is he a baptised Catholic who has been Confirmed?	
We request Baptism for our child			
Signature of Mother		Signature of Father	
Signature of Mother alone is sufficient where she is unmarried, is sole guardian and is not requesting that the father's name be entered			
CONSENT: As part of welcoming the newly baptised into our parish community we would like your permission to do the following: (Please tick & sign to give your consent)			
Publish your child's name in our Pastoral Area newsletter which will be available in the Church and on our website/social media Contact you about future events/celebrations 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 destroyed once the Baptism is registered.			

The information entered in the Baptism Register will be retained permanently.