



## Application Form for Baptism

Baby's Christian Names: \_\_\_\_\_

Baby's Surname: \_\_\_\_\_

Baby's Date of Birth: \_\_\_\_\_

Mother's Name (including Maiden name): \_\_\_\_\_

Father's Name (including surname): \_\_\_\_\_

Parents' Address: \_\_\_\_\_

Parents' Telephone No: \_\_\_\_\_

Parents Email Address: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Sponsors: \_\_\_\_\_ Religion \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Religion \_\_\_\_\_ Age \_\_\_\_\_

(Sponsors must be over 16 and have received confirmation)

- All the above details are essential so that your child's Baptism will be registered fully in our Church Register.
- All the above details should be exactly the same as details given for the Civil Birth Certificate. This is to avoid confusion at the time of First Communion, Marriage etc. Please bring State Birth Cert with this form.
- BAPTISM TIMES 1pm on Second and Fourth Sunday of each month

Please do not make any family arrangements until your booking is confirmed by the parish office.

## REQUEST FOR BAPTISM FORM

### Privacy Statement

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 in the Parish Register will be retained permanently.

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We would like to let you know about different future events/celebrations taking place in the Parish.  
Are you happy that we use the contact information you have provided to do this?

YES

NO

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Signature

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Date

If you tick the box, we will add you to our mailing list. You can unsubscribe at any time by contacting the parish office [stfiniansparish@gmail.com](mailto:stfiniansparish@gmail.com) or at ☎ 01-8409043