## Our Lady Mother of Divine Grace - Raheny REQUEST FOR BAPTISM

(Copy of Birth Certificate and Donation should accompany this Form)

Child's Surname:	
Child's Christian Name(s):	
Date of Birth:	
Address of Parents:	
Phone number: N	Iobile number:
Date and Place of Church marriage of parents:	
<u>Father</u>	Mother
Surname:	Maiden Name:
Christian Name:	Christian Name:
Religion: †	Religion: †
Godfather*	Godmother*
Name:	Name:
Is he over sixteen years?	Is she over sixteen years?
Is he a baptised Catholic who has	Is she a baptised Catholic who has
been confirmed?	been confirmed?
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 and must both be practising Catholics.
- \*\* 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:

Publish his/her name in the Church welcoming him/her into the community of faith.

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 destroyed once the Baptism is registered. The information entered in the Baptism Register will be retained permanently.

## Donation

It is usual for parents to make an offering to the Church. We do not specify an amount but suggest that you give a donation according to your means in the donation envelope supplied with this form. Please return the envelope, when booking your baby's Baptism, with the completed Request for Baptism form and your baby's birth certificate

**Official - Office Use Only** 

Birth Certificate Presented

Signature of Priest or Delegate

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