

REQUEST FOR BAPTISM

(A copy of your child's BIRTH CERTIFICATE should accompany this form)

Child:

SURNAME: _____

Child: CHRISTIAN Name(s): _____

DATE OF BIRTH: _____

Is this your first child? Yes No Preferred date: _____ Confirmed date: _____

(Baptisms are usually held on Saturdays at 12:30pm, bookings must be made a minimum of one month prior)

Names and ages of any other children:

FATHER

MOTHER

Surname: _____

Maiden Name: _____

Christian Name: _____

Christian Name: _____

Address: _____

Address: _____

Eircode: _____

Eircode: _____

Religion: _____

Religion: _____

Contact No: _____

Contact No: _____

Email: _____

Email: _____

Date of Marriage if applicable: _____ Was this a Civil Ceremony? or Church Wedding?

Place of Marriage (including name of Church if applicable): _____

GODFATHER

GODMOTHER

Surname: _____

Surname: _____

Christian Name: _____

Christian Name: _____

Is he a baptised Catholic who has been confirmed and is over 16 years of age? If yes mark ✓ ...

Is she a baptised Catholic who has been confirmed and is over 16 years of age? If yes, mark ✓ ...

WE REQUEST BAPTISM FOR OUR CHILD

Signature of FATHER: _____ Date: _____

Signature of MOTHER: _____ Date: _____

Celebrant: _____

**When form is completed, please return to -
FR. GEORGE HAYES, P.P., THE PRESBYTERY, KENMARE, CO. KERRY. V93 V2H6. IRELAND.
or you can email it to info@kenmareparish.ie**

Privacy Notice:

The information contained in this form will be used in connection with the celebration of your child's Baptism and to register the Baptism in the Parish of Kenmare. The copy of the Birth Certificate, you submitted, will be destroyed once the Baptism is registered. This form will be destroyed one year after your child's baptism. The information entered in the Baptismal Register will be retained permanently.