

Parish of Malahide – Church of St. Sylvester



REQUEST FOR BAPTISM

Please complete in BLOCK CAPITALS

Date of Baptism		
Date of Pre-Baptism Meeting		Attended

Please enter Child's name as on Civil Birth Certificate

Child's Christian Name(s): _____

Child's Surname: _____ Date of Birth: _____

Child's Address: _____

Parents

Mother
Christian Name: _____
Surname: _____
Maiden Name: _____
Address: _____
Religion: _____
Tel: _____
E-mail: _____
Signature: _____

Father
Christian Name: _____
Surname: _____
Address: _____
Religion: _____
Tel: _____
E-mail: _____
Signature: _____

Godparents

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

A Godparent must be a Catholic who has been confirmed and received the Blessed Eucharist and who would be a good guide and mentor to your child. A Godparent must be at least sixteen years of age.

Godmother
Christian Name: _____
Surname: _____
Religion: _____
Has received Sacrament of Confirmation: <input type="checkbox"/>

Godfather
Christian Name: _____
Surname: _____
Religion: _____
Has received Sacrament of Confirmation: <input type="checkbox"/>

Please present a copy of the Civil Birth Certificate with this form.

Privacy Statement

The information contained in this form will be used to register this Baptism in the Parish. Your details will be shared with the Priest(s) of the Parish, the Celebrant of the Baptism, the Baptism Team and the Parish Office Team, in preparation for your child's baptism. The information in the Parish Register will be retained permanently. **Please tick the box to confirm your acceptance of this use of your details.**

We would like to keep you informed of future events/celebrations taking place in the Parish / Diocese. Please indicate if you would like to be added to our database. You may unsubscribe at any time by contacting the Parish Office.