



TELEPHONE: 01 295 4296
 EMAIL: parishofbalally@eircom.net
 balallyparish@gmail.com

REQUEST FOR BAPTISM

Please complete the following as per child's Civil Birth Certificate.

Child's Surname	Child's Christian Name(s)
Date of Birth	
Address	
Father's Surname	Father's Christian Name
Mother's Maiden Surname	Mother's Christian Name
Phone Number(s)	
Email	

If you have not decided on Godparents at the time you are requesting Baptism or have questions concerning selection, this section can be completed later prior to the Baptism.

Godfather Name	Godmother Name
Please Note: The minimum requirement is one Sponsor/Godparent. Where there are two, they must male and female. If you wish to have two males or two females, only ONE name will be entered in the Baptism Register. Godparents must be baptised and confirmed.	

I/We request the Sacrament of Baptism for our Child on Sunday	___ / ___ / ___
Father's Signature _____	Date ___ / ___ / ___
Mother's Signature _____	Date ___ / ___ / ___
Signatures of Parents as recorded on Civil Birth Certificate	

The information on this form will be registered in the Baptism Register and will be retained permanently.

Office Use Only	Form Received by		Parish Stamp
	Date		
	Date of Baptism	Entered in Register	
	Page	Line No	