



**PARISH OF ATHBOY,
RATHMORE & RATHCAIRN**

BAPTISM REQUEST FORM

Child's Surname: _____

Child's Christian name(s): _____

Date of birth: _____

Father

Mother

Surname: _____

Surname: _____

Christian Name: _____

Christian Name: _____

Maiden Name: _____

Address of parents: _____

Contact Number: _____

Email: _____

Church of Marriage; _____

Date of Marriage: _____

Godfather

Godmother

Surname: _____

Surname: _____

Christian Name: _____

Christian Name: _____

Is he a baptised Catholic who has been
confirmed? _____

Is she a baptised Catholic who has been
confirmed? _____

Is he over sixteen(16) years? _____

Is she over sixteen (16) years? _____

We request the Sacrament of Baptism for our child

Signature of Father

Signature of Mother

This form will be held on file in accordance with the data protection policy of the Diocese of Meath. The data entered will be used only for the purposes indicated on the form. It may be accessed only by those with responsibility for managing files.