



St. Bernadette's Church, Clogher Road, Dublin 12 Tel. 01 4733109

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REQUEST FOR BAPTISM

Child's Surname _____

Child's Christian Name: _____

Date of Birth: _____

Child's Parents Address _____

Phone Number: _____ Mob Number _____

Email Address: _____

Date for Baptism _____ Time of Baptism _____

Birth Cert No: _____

FATHER

Surname _____

Christian Name: _____

Are you baptised Roman Catholic YES NO

MOTHER

Maiden Name _____

Christian Name _____

Are you baptised Roman Catholic YES NO

GODFATHER _____

Address: _____

Is Godfather a confirmed Roman Catholic Y N

GODMOTHER _____

Address: _____

Is the Godmother a confirmed Roman Catholic Y N

We request Baptism for our Child.

Signature of Father

Signature of Mother

Minister of Sacrament _____

*In cases where the parents are not married, married but separated or married civilly, the Father's name can only be entered in the Baptism Register when his paternity has been established by a public document i.e. a full Civil Birth Cert carrying his name and he signs this form requesting baptism for his child.