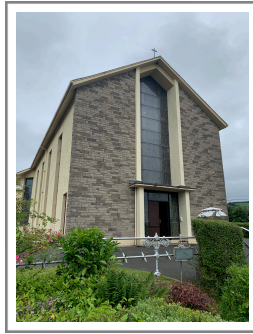


St Patrick's Church Doon



Baptism Request Form

Child's Name:

Date of Birth:

Childs Address:

Fathers Name: (As is on The State Birth Certificate)

Mothers Name: (nee)

God Parents:

Date requested for the Baptism: _____

Contact No: _____

We request Baptism for our child:

Signed: Father _____ Mother _____ Date _____

Privacy Notice: The information contained in this form will be used in connection with the celebration of your child's baptism and to register this Baptism in the Parish. The information entered in the Baptism Register will be retained permanently. This form however will be destroyed once the Baptism is Registered.

Celebrant: _____ **Date:** _____