

# MITCHELSTOWN PARISH

## Application Form for Sacrament of Baptism.

A month's notice must be given for Baptisms.

Fully completed Form must be returned to the Parish Office **before** Baptismal date can be confirmed.

The child's **Birth Certificate** **MUST** accompany this form.

Please complete this form in **BLOCK LETTERS**

Child's Christian Name(s): \_\_\_\_\_

Child's Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Father's Christian Name  
& Surname: \_\_\_\_\_

Mother's Christian Name  
& Maiden Name: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Date & Place of Marriage: \_\_\_\_\_

Name of Godfather: \_\_\_\_\_

Name of Godmother: \_\_\_\_\_

Godparents must be Confirmed and over the age of 16 years.

Church of Baptism: Church of Our Lady Conceived Without Sin

Name of Priest: \_\_\_\_\_

We request Baptism for our child  
Signature of Mother or Father: \_\_\_\_\_

**Privacy Notice:**

The information contained in this form will be used in connection with your child's Baptism and to register this Baptism in the Parish. The copy of the Birth Certificate you submitted will be destroyed once the Baptism is registered. The form will be deleted one year after your child's baptism. The information entered in the Baptism Register will be retained permanently.

1. Do you give Permission for your Child's Baptism to be included in the Parish Newsletter?  
Please tick Yes  or No
2. Do you give Permission to be contacted about the event organised in the Parish in June for all children baptised in the previous year?  
Please tick Yes  or No