

**Our Lady of Victories, Ballymun Road
Request for Baptism**

DATE OF BAPTISM	BAPTISM CONFIRMED	COPY OF BIRTH CERT PROVIDED
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Child's Surname: _____

Child's Christian Name(s): _____

Date of Birth: _____

Address of Parents: _____

Phone number: _____ Mobile number: _____

Date and Place of Church marriage of parents: _____

Please provide a copy of the child's Birth Certificate when returning this form

<u>Father</u>
Surname: _____
Christian Name: _____
Religion: † _____

<u>Mother</u>
Maiden Name: _____
Christian Name: _____
Religion: † _____

<u>Godfather*</u>
Name: _____
Is he over sixteen years? _____
Is he a baptised Catholic who has been confirmed? _____

<u>Godmother*</u>
Name: _____
Is she over sixteen years? _____
Is she a baptised Catholic who has been confirmed? _____

We request Baptism for our child: **

Signature of Father

Signature of Mother

It is customary to make an offering towards the Church on the day of the Christening

† **One of the parents must be a Catholic**

* **Minimum requirement is one Godparent. If there are two they must be male and female and must both be practising Catholics.**

** **Signature of mother alone is sufficient where she is unmarried, is sole guardian and is not requesting that the father's name be entered.**

PLEASE TURN OVER

Our Lady of Victories, Ballymun Road

Privacy Statement

**The information contained in this form will be used to register this Baptism
in the Parish.**

**The copy of the Birth Certificate you submitted will be destroyed once the
Baptism is registered.**

The information in the Parish Register will be retained permanently.

We would like to let you know about different future events/celebrations
taking place in the Parish.

Are you happy that we use the contact information you have provided to do this?

Yes

Signature

Date

*If you tick the box, we will add you to our mailing list. You can unsubscribe at
any time by contacting the parish office at: info@olv.ie or Tel: 01-8420346*