

**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: _____ Email: _____

Date and Place of Church marriage of parents: _____

<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

† 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.

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

NO

Signature: _____

Date: _____

If you tick the box, we will add you to our mailing list. You can unsubscribe at
anytime by contact the parish office at: info@olv.ie or tel: 01 8420346