

MALLOW PARISH + SACRAMENT OF BAPTISM

St. Mary's Church: Every Saturday at 5.00 pm. and 1st, 3rd and 5th Sunday of the month at 1.00 pm.
Church of the Resurrection: 2nd and 4th Sunday of the month at 1.00 pm

This completed form together with original Birth Certificate must be returned to the Parish Office at least 2 weeks before requested date of Baptism. Only then will the date be confirmed.

Child's Christian Name(s) _____

Child's Surname: _____

Date of Birth _____ Birth Certificate Number _____

Address: _____

(If you do not live in Mallow Parish, please enclose a letter of permission from your local parish priest, with this form)

Telephone Number _____ E-mail _____

Father's Surname: _____ Father's Christian Name: _____

Mother's **Maiden Name** : _____ Mother's Christian Name: _____

Church of Marriage: _____

Godfather's Name: (1 only) _____

Godmother's Name: (1 only) _____

(At least one Godparent must be a Practising Catholic, Confirmed and over the age of 16)

Requested Date of Baptism: _____

Signed Parental Request and Data Protection Consent: (Please tick boxes and sign)

- (i) We/I request Baptism for the above-named child.
- (ii) We/I understand and accept the responsibility of raising our child in the Catholic faith.
- (iii) We/I also agree that the information provided on this form be made available, subject to strict confidentiality, to Members of the Parish Baptismal Team for the purposes of preparing for our/my child's Baptism.

Signature of Father: _____

Signature of Mother _____