

MALLOW PARISH



SACRAMENT OF BAPTISM

St. Mary's Church: Every Saturday at 5.00 p.m. and 1st, 3rd and 5th Sunday of the month at 1.00 p.m.

Church of the Resurrection: 2nd and 4th Sunday of the month at 1.00 p.m.

*This completed form together with original **Birth Certificate** must be returned to the office **2 weeks** before the 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 _____ Email _____

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 Request: We/I request Baptism for the above-named child. We/I understand and accept the responsibility of raising our child in the Catholic Faith, by word and example.

Signature of Father: _____

Signature of Mother: _____