

Baptismal Request Form

St. Joseph's Church, Shrile & Church of Immaculate Conception, Glencorrib

CHILD'S NAME: _____

DATE OF BIRTH: _____

FATHER'S NAME: _____

RELIGION: _____

MOTHER'S NAME: _____

RELIGION: _____

ADDRESS: _____

CONTACT NUMBER: _____

PLACE OF MARRIAGE: _____

DATE OF MARRIAGE: _____

GODFATHER NAME(RELIGION): _____

GODMOTHER NAME(RELIGION): _____

PROPSOED DATE OF BAPTISM: _____

CHURCH FOR BAPTISM: St. Joseph's Church () or
Immaculate Conception Glencorrib ()

FAMILY BRINGS: CANDLE: YES/NO WHITE GARMENT: YES/NO

We ask of God's Church the gift of Baptism for our child. We undertake, with the help of God to fulfill the obligations places on us to foster the Catholic Faith of our child and to ensure a Catholic Education and full support in the practice of the faith, especially in our attendance at Mass and the sacraments of the Church.

Signature of Father

Signature of Mother

Please bring completed form for Baptism and provide a copy of child's State Birth Certificate

Thank you & God bless!