

The information provided on this form will be used to register your child in the
Baptismal Register of Bagenalstown Parish.

Please ensure the information is accurate and identical to that in the State
Register of Births.

PLEASE USE CAPITAL LETTERS

To be baptised:

Christian Name(s):.....

Surname.....

Male _____ Female _____

Date of Birth:...../...../.....

Address:.....

Father: Christian Name.....

Surname.....

Contact No.

Mother: Christian Name.....

Maiden Name.....

Married Name *(if Applicable)*

Contact No.

Godfather:.....

(over 16yrs)

Godmother:.....

(over 16yrs)

Please tick box for church of Baptism

5pm St. Andrews Parish Church

4pm St. Patrick's Church, Newtown

4pm St. Lazerian's Church, Ballinkillen

Date of Baptism...../...../20.....

BAPTISMS

EVERY Saturday in Parish
Church 5pm

FIRST Saturday of month in
Newtown Church 4pm

LAST Saturday of month in
Ballinkillen Church 4pm

To be accompanied by copy of child's Birth Certificate