

DIOCESE OF ACHONRY

BAPTISM REQUEST AND DETAILS

www.achonrydiocese.org

Child's Surname: _____

Child's Christian Name(s): _____

Date of Birth: _____

Address of Parents: _____

Phone number: _____ Mobile number: _____

Church of Baptism: _____

Date of Baptism: _____ Time: _____

Father

Surname: _____

Christian Name: _____

Religion: † _____

Mother

Maiden Name: _____

Christian Name: _____

Religion: † _____

Godfather*

Name: _____

Is he over sixteen years? _____

Is he a baptised Catholic who has
been confirmed? _____

Godmother*

Name: _____

Is she over sixteen years? _____

Is she a baptised Catholic who has
been confirmed? _____

We request Baptism for our child: **

Signature of Mother

Signature of Father

PLEASE NOTE: Photocopy of Birth Certificate should accompany this form.

† 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.