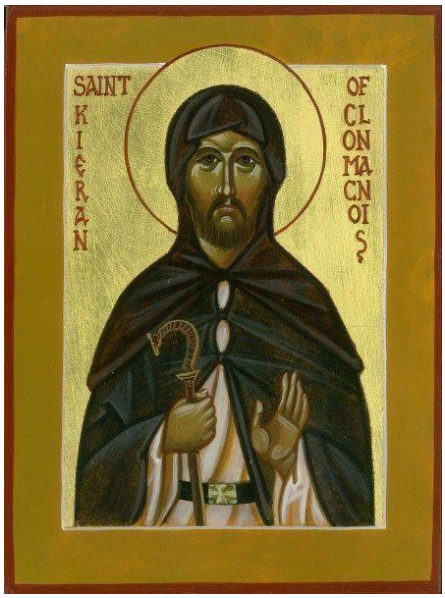
St Kieran's Parish – Baptism Form



CHILD TO BE BAPTISED

Proposed Date:		Time:
Celebrant:		
Christian Name:	Middle Name:	Surname:
Place of Birth:		
D.O.B:		
Home Address:		
Phone:		
Email:		
Is this your first child to be baptised. If not, could you please let us know how long it has been since your last Baptism Preparation session.		

FAMILY

Father's Full Name:
Father's Religion:
Mother's Full Name:
Mother's Maiden Name:
Mother's Religion:
Godparent's Name:
Godparent's Religion:
Godparent's Name:
Godparent's Religion:

DATE: _____/_____/_____ SIGNATURE: _____