

# Sacred Heart Church

## Roscommon

Tel: 090 6626298 / Email: roscommonparish3@gmail.com

**(Copy of Civil Birth certificate for the child to be baptised must be attached)**

### **Baptismal Form**

Child's Surname: \_\_\_\_\_

Child's Christian name(s): \_\_\_\_\_

Date of Birth: (copy of birth certificate to be attached) \_\_\_\_\_

Father's Surname: \_\_\_\_\_ Christian Name: \_\_\_\_\_

Mother's Surname : \_\_\_\_\_ Christian Name: \_\_\_\_\_  
(Maiden Name)

Address of Parents: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Proposed Date and Time of Baptism:** \_\_\_\_\_

Date & Place of Church Marriage of Parents: \_\_\_\_\_  
(If applicable) \_\_\_\_\_

Does your request for Baptism reflect your commitment to bring your child up in the Catholic faith? \_\_\_\_\_

God-Parent's Names and Addresses:

1. \_\_\_\_\_

2. \_\_\_\_\_

We request Baptism for our child. We consent to have details of our child's Baptism included in the Parish Newsletter & on the Parish Website.

Signature of Mother: \_\_\_\_\_ Signature of Father: \_\_\_\_\_

**Offerings can be given with return of form or on the day – thank you for your support.**

*“Baptism is the Greatest Gift we can receive, but with the gift comes great responsibility.”*