Parish of Sts. Mary & Peter, Arklow with St. David's Johnstown & St. Patrick's, Castletown

REQUEST FOR BAPTISM FORM

Privacy Statement

Devit A	
Part A	
The information contained in this Form will be use	ed to register this Baptism in the Parish.
The Copy of the Birth Certificate you submitted wi	ill be destroyed once the Baptism is registered.
The information in the Parish Register will be retai	ned permanently.
This information will also be stored on our Parish F	Pastoral System.
Part B	
We would like to let you know about future events	s & celebrations taking place in the parish.
Are you happy that we use the contact informatio	n you have provided for this purpose:
YES NO	
If you tick the 'yes' box, we will add you to our mailing contacting the parish office office@arklowparish.ie	• • •
Signature	Date
Print Name	Date of Baptism
 Parish of Baptism	



REQUEST FOR BAPTISM

Church of Sts. Mary & Peter | St. David's, Johnstown | St. Patrick's, Castletown

Church of Baptism:	Date:
Child's Surname:	
	Mobile number:
	f parents:
<u>Father</u>	Mother
Surname:	Maiden Name:
Christian Name:	
Religion: †	
Godfather*	Godmother*
Name:	Name:
Is he over sixteen years?	Is she over sixteen years?
Is he a baptised Catholic who has	Is she a baptised Catholic who has
been confirmed?	been confirmed?
We request Baptism for our child: **	
Signature of Father	Signature of Mother

- † 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.