

Parish of Ardcaith/Clonalvy/Curraha

Form for Registration of Christian Baptism

Child's Name: _____

Date of Birth: _____

Father's Name: _____

Mother's Name & Maiden Name: _____

Address: _____

Telephone No: _____

Date of Marriage _____

Godfather: _____

Godmother: _____

**Names, D.O.B. of other
Children in the Family:** _____

Date Attended Baptism Talk _____

Baptism Facilitator Signature _____

**Parents please contact Fr. Brendan to make arrangements for the Baptism.
Section below to be filled in by the Parish Office.**

.....

Proposed Date of Baptism: _____

Time: _____

Church: _____

Priest: _____

Priest's Signature: _____
