

# Parish of St. Canice & St. Margaret's

## Baptism Application Form

### Part A



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

Child's Christian Names Proposed: \_\_\_\_\_

(The Church encourages one Christian Saint's name to included).

Child's Date of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Which parish community will support the child in their faith as they develop? \_\_\_\_\_

How and where will the child receive their education in their faith? \_\_\_\_\_

Parent's / Guardians' address: \_\_\_\_\_

Parent's / Guardians' Phone No.: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent's / Guardians' place of Marriage: \_\_\_\_\_

Parent's / Guardians' Date of Marriage: \_\_\_\_\_

Parent's / Guardians' Current Marital Status: \_\_\_\_\_

If married and now separated from the other parent of the child has that other parent given their consent?

Yes  No  **(Please attach written consent)**

Copy of Child's Birth Certificate Attached? Yes  No

Have you already had another sibling of the child's baptised in this Parish? Yes  No

Mother's Employment Status \_\_\_\_\_

Surname: \_\_\_\_\_

Christian Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_

Parish where the Mother belongs: \_\_\_\_\_

Father's Employment Status \_\_\_\_\_

Surname: \_\_\_\_\_

Christian Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_

Parish where the Father belongs: \_\_\_\_\_

**Parent's Request for Baptism**

**We would like our child to be a member of St. Canice's and St. Margaret's Parish which meets every Sunday to celebrate Mass and we request the Sacrament of Baptism.**

(Both signatures are required except in cases where the father / mother doesn't have guardianship rights)

Mother's Signature: \_\_\_\_\_

Father's Signature: \_\_\_\_\_

(Alone suffices if i) Unmarried ii) Sole Guardian iii) Does not wish the Father's Name entered

<b>Godparents:</b>	
<b>(One Suffices, and must be over 16 and a practicing Catholic)</b>	
<b>Godfather's Religion:</b> _____	<b>Godmother's Religion:</b> _____
<b>Name:</b> _____	<b>Name:</b> _____
<b>Address:</b> _____ _____	<b>Address:</b> _____ _____
<b>Date of Birth</b> _____	<b>Date of Birth:</b> _____

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This form must be filled in and delivered to the Parish Secretary on any morning Mon – Fri. 10.00am - 12.00pm

Contact 01 -8343110 / email: [stcanices2@eircom.net](mailto:stcanices2@eircom.net)

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**PART B (to be completed by the Parish Team / Priest)**

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How do you intend to participate in your parish community? \_\_\_\_\_

Would you like to register as a member in our parish: \_\_\_\_\_

How will you help the child in their Faith Journey? \_\_\_\_\_

**Support of the Parish Includes Financial Support.**

How will you support your parish financially?

Weekly envelope Yes  No  Direct Debit Yes  No  (details)

Meeting No. 1 Baptism Team / Priest: \_\_\_\_\_

Meeting No. 2 Baptism Team / Priest: \_\_\_\_\_

Allocated Place of Baptism: St. Canice's  St. Margaret's

Allocated Date of Baptism \_\_\_\_\_