



Kilbrittain Parish

Parish House, Kilbrittain 023/8849637; 087/7857712

BAPTISM REGISTRATION FORM

Please return to Parochial House no later than seven days before proposed date of Baptism

CONTACT NUMBER: _____

Christian Names of Child: _____

Surname of Child: _____

Date of Birth: _____ / _____ / 20_____

Date of Baptism: _____ / _____ / 20_____

Address: _____

FOR PARISH USE:

Birth Certificate Registration
Number

.....

Father's First Name and Surname: _____

Mother's First Name and Maiden Name: _____

Marital Status of Parents:

Married: Parish _____ Date _____

Not Married

Godfather/ Sponsor no 1 _____

Godmother/ Sponsor no 2 _____

I/We agree that the above information may be entered in Kilbrittain Parish Records, where it will be kept in accordance with Data Protection legislation.

Signed _____

Parent(s)

PLEASE BRING CHILD'S BIRTH CERT (it will be copied and returned to you immediately)