## PARISH OF KILMORE

## INCORPORATING KILMORE \_ KILMORE QUAY MULRANKIN & TOMHAGGARD

## 053-9135181

## PARISH BAPTISM REQUEST FORM

This form is to be completed in full and delivered to the parish office by post/hand. It must be accompanied by a copy of the child's birth certificate. Please use block capitals to enter the information below as it is necessary to enter the correct details in the Baptismal Register.

(Postal Address is Kilmore Parish Office, Kilmore, Co Wexford.)

Child's Name:	
(Name and Surname as per Birth Cert)	
Child's Date of Birth:	••••••
Father's Name:	••••••
Mother's Name:	••••••
(First name and Maiden name.)	
Address:	
Contact Number:	•••••
Email address:	••••••
Date & Time of Baptism:	••••••
Name of Godfather:	
Address:	
Name of Godmother:	
Address:	
We/I the undersigned wish to have our child baptize in the following church (please tick)	zed and celebrate the Sacrament of Baptism
Kilmore	
Kilmore Quay	
Mulrankin	
Tomhaggard	

We give our consent by signing below.	
Signed by Father	••••••
Signed by Mother	••••••
Date	•••••
<b>NB.</b> This form must be returned to the F Certificate.	Parish Office with a Copy of the Child's Birth
On the day:	
Please ensure to bring a baptismal candle remember all godparents must be over the ag	and the baptismal shawl for your child. Please ge of 16 and baptised.
governing Ireland, we are required to keep a data. Your personal data includes your name	ant to us. As part of the data protection legislation a record of your consent to process your personal e, email address, address, and phone number. We is necessary; It will not be passed onto any third
Consent.	
In the process of embracing your newly bapt us your permission to:	ised child into our parish community, do you give
on our parish website.	wsletter which will be available in the church and I to our parish newsletter list and for us to contact
We give our consent by signing below.	
Signature	Date