



**UPPER CREGGAN PARISH
BAPTISMAL BOOKING FORM**

*St. Patrick's 1st & 3rd Sat @ 5.00pm
St. Brigid's, Glassdrummond, 2nd Saturday @ 6.00pm
Sacred Heart, Last Sunday @ 12 noon*

Name of Child _____
(must match civil register)

Date of birth _____

Father's name: _____

Mother's maiden name _____
(including first name)

Parent's Address _____

Telephone _____

(Godparents must be 16 years of age and have been confirmed.)

Godfather _____

Godmother _____

Proposed Date of Baptism _____

Place of Baptism _____

**First time Parents must attend a short one evening procedure on Baptism.
Is this your first child _____**

**This form (available online) must be returned to the parish office 2 weeks
prior to Baptism, where the booking will be confirmed.**

Baptised by _____ Date. _____