



**UPPER CREGGAN PARISH  
BAPTISMAL BOOKING FORM**

*St. Patrick's 1<sup>st</sup> & 3<sup>rd</sup> Sat @ 5.00pm  
St. Brigid's, Glassdrummond, 2<sup>nd</sup> Saturday @ 6.00pm  
Sacred Heart, Last Sunday after 11am Mass*

Name of Child \_\_\_\_\_  
*(must match civil register)*

Date of birth \_\_\_\_\_

Father's name: \_\_\_\_\_

Mother's maiden name \_\_\_\_\_  
*(including first name)*

Parent's Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Church & Year of Marriage \_\_\_\_\_

*(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. \_\_\_\_\_**