



**UPPER CREGGAN PARISH
BAPTISMAL BOOKING FORM**

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. _____