

St. Andrew's Church
Westland Row, Dublin 2

Request for Baptism

Child's Surname:

Christian Names:

Date of Birth:

Address of Parents:

.....

Phone No:

Father

Mother

Family Name:..... Maiden Name:

Christian Name: Christian Name:

Date of Marriage:

We ask for the Sacrament of Baptism forwith the hope that all his/her life he/she will be faithful to what it demands and enjoy what it promises

We will do all we can by word and example to help him/her to be faithful to this call.

We commit ourselves to the Christian education of our child within the Church.

We would like the celebration on Saturday/Sunday

Signature of Father:Signature of Mother:

Date:

Godfather:

Godmother: