



# Baptismal Form

Church of the Immaculate Conception,  
Moycullen, Co. Galway

**NOTE: THIS FORM IS USED TO ENTER THE CHILD'S DETAILS IN THE BAPTISMAL REGISTER, SO PLEASE:**

- 1. ENSURE THAT ALL ENTRIES ARE IN BLOCK CAPITALS AND ARE CLEAR AND LEGIBLE.**
- 2. ENSURE THAT ALL ENTRIES ARE SPELLED CORRECTLY.**

**Baby's Christian Name/s:** \_\_\_\_\_

**Baby's Surname:** \_\_\_\_\_

**Baby's Date of Birth:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Maiden Name:** \_\_\_\_\_

**Contact Telephone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Date of Baptism:** \_\_\_\_\_

**Celebrant:** \_\_\_\_\_

**\*Godfather's Name:** \_\_\_\_\_ **Practicing Catholic: Yes**  **/ No**

**\*Godmother's Name:** \_\_\_\_\_ **Practicing Catholic: Yes**  **/ No**

\* At least one of the Godparents must be a practicing Catholic (Please tick Yes or No) & both should be over 16 years old.

**\*Date of Marriage:** \_\_\_\_\_

\* If not married, a civil birth certificate is required, as the child will be registered accordingly.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_