

# Church of the Assumption, Walkinstown Parish

Kilnarnagh Road, Walkinstown, Dublin D12 DY29

Parishes Trust Number: 20016166

Telephone: (01) 450 2649/e-mail: walkinstownchurch@gmail.com

## REQUEST FOR BAPTISM

(Copy of Civil Birth Certificate must accompany this Form)

Details from this form are transcribed into the Baptism Register. USE BLOCK CAPITALS to ensure legibility.

DATE OF BAPTISM	Sunday:
Child's SURNAME	
Child's CHRISTIAN NAME(S)	
Child's DATE OF BIRTH	
Child's Gender – Please tick	Male <input type="checkbox"/> Female <input type="checkbox"/>
Father's Christian Name	
Father's Surname	
Mother's Christian Name	
Mother's Birth Surname	
Home Address	
Telephone Contact Numbers	
God-Father's Name*	
God-Father's Address	
God-Mother's Name*	
God-Mother's Address	

\* Minimum requirement is one Godparent who must have received the Sacrament of Confirmation.  
If there are two Godparents, one must be male and one female

### WE REQUEST BAPTISM FOR OUR CHILD

Signature of Parents

### GENERAL DATA PROTECTION REGULATIONS (GDPR)

In Compliance with GDPR, please tick this box to consent to keeping the above data on a computerised database for Church use only. The data is not shared with any Third Party.	<input type="checkbox"/>
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Officiating Priest:		REGISTRATION FEE €40	
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