

Sacred Heart Church

Roscommon

Tel: 090 6626298 / Email: rosparof@eircom.net

(Copy of Civil Birth certificate for the child to be baptised must be attached)

Baptismal Form

Child's Surname: _____

Child's Christian name(s): _____

Date of Birth: (copy of birth certificate to be attached) _____

Father's Surname: _____ Christian Name: _____

Mother's Surname : _____ Christian Name: _____
(Maiden Name)

Address of Parents: _____

Phone Number: _____ Email: _____

Proposed Date and Time of Baptism: _____

Date & Place of Church Marriage of Parents: _____

Are you practising Catholics? _____

God-Parent's Names and Addresses:

1. _____

2. _____

We request Baptism for our child. We consent to have details of our child's Baptism included in the Parish Newsletter & on the Parish Website.

Signature of Mother: _____ Signature of Father: _____

**Baptisms are held on the first and third Sunday of the month at 1.15pm.
At least one month's notice is required. Offerings can be given with return of form or on
the day – thank you for your support.**

"Baptism is the Greatest Gift we can receive, but with the gift comes great responsibility."