

Parish of St. Thomas the Apostle
Laurel Lodge/Carpenterstown
Castleknock
Dublin 15

BAPTISMAL REGISTRATION FORM

Name of Child: _____

Address: _____

Child's Date of Birth: _____

Father's Name: _____

Mother's Name: _____

Mother's Maiden Name: _____

Names of Godparents: _____

Date of Baptism: _____

Birth Cert. No. _____

(Child's Civil Birth Certificate to accompany Baptism Registration Form)

Signature of Parent: _____

Signature of Parent: _____

Email: _____

Contact Telephone No. _____

If you do not wish to be registered in our Parish Database, please tick this box

(BAPTISM PREPARATION PRESENTATION AVAILABLE ON THE PARISH WEBSITE

www.laurellodgeparish.ie)