

Sacred Heart Church Roscommon

Tel: 090 6626298 / Email: roscommonparish3@gmail.com

(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: _____
(If applicable) _____

Does your request for Baptism reflect your commitment to bring your child up in the Catholic faith? _____

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: _____

**Offerings can be given with return of form or on the day – thank you for your support.
For your information a copy of our Covid - 19 Guidance on Baptism is attached to this form.**

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

SACRED HEART CHURCH ROSCOMMON

COVID-19 GUIDANCE ON BAPTISMS

Families and guests are kindly asked to adhere to the following:

1. Not to attend if they have flu like symptoms
2. Those intending to travel to the ceremony from other countries (Including UK) to **not** attend until they have completed the mandatory quarantine period.
3. Social distancing to be in place where guests are not of the same household.
4. Please wear face coverings.
5. Sanitise hands on entering and exiting church.
6. Numbers attending will be limited similar to a wedding (currently 10 people).

Thank you for your cooperation and enjoy your day.