

DIOCESE OF GALWAY, KILMACDUAGH AND KILFENORA
Parish of Oughterard



BAPTISM REQUEST FORM

Baby's Name: _____
(Name and Surname as per Birth Cert)

Baby's Date of Birth: _____

Father's Name: _____

Mother's Name: _____
(Maiden Name)

Address: _____

Contact Email: _____

Contact Telephone: _____

Sponsor's Name: _____

Date of Baptism: _____

Priest: _____

*The information supplied here will be used to record your child's baptism in the archive of Oughterard Parish.
To help maintain accurate records, please print all details clearly.
Please return this form in advance of the date of the baptism.*

If you have any queries regarding your child's baptism please contact **fr Michael Connolly 091 552290**