

**Parish of St. Thomas the Apostle
Laurel Lodge,
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 and brought to Preparation Meeting)

Signatures of Both Parents: _____

Contact Telephone No.: _____

Contact email: _____

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