Balyna Parish, Kildare & Leighlin

Baptism Request 2025

Please use block capitals

Child's Surname: _____

Christian Names (in full): _____

Date of Birth: _____

Gender: Please Tick Male Female

Father's Name: _____

Mother's Name (including maiden name):

_____

Address: _____

_____

_____

Eircode: _____

Phone No's: _____

Godparent's Name: _____

Godparent's Name: _____

Celebrant: _____

Date of Baptism: _____

Office use only

Time of Baptism: _____

Record **Computer**