

PORTLAOISE PARISH

Request for Baptismal Certificate for

Christian Name(s): _____

Surname: _____

Date of Birth: _____

Date of Baptism: _____
(if known) or approx.

Parents: _____ & _____

Church of Baptism: _____ Peter & Paul's _____ Heath _____ Ratheniska _____ Hospital

Please allow 2 days from receipt of this form to issuing of cert. You may call for the certificate or we can post it to you. Please leave a contact Tel Number in case we encounter any difficulty in locating the registration.

Contact Telephone No: _____

Post to: Name: _____

Address: _____

Date