



**CATHEDRAL OF OUR LADY
ASSUMED INTO HEAVEN
& ST. NICHOLAS**

Dear Parents,

Thank you for your enquiry regarding the Sacrament of Baptism at Galway Cathedral. We are happy to bring the following points to your attention.

Please fill in the enclosed form and return it to the Cathedral Office with a copy of your child's birth certificate. Only then can we confirm the date and time with you. A minimum of four weeks' notice is required for baptism. Baptism takes place on Sundays after 12.30 Mass.

As part of our supportive outreach to parents the Cathedral has a parish Baptism Team; a team of volunteers who help with the preparation of parents and families for the Sacrament of Baptism. When your arrangements have been confirmed a member of this team will be in contact with you to arrange a practice and discuss your child's baptism and answer what questions you may have. Alternatively the parish clergy are always happy to respond to any of your questions.

Ideally a child should be baptised in the locality where his or her faith will be nurtured by the community in which he or she lives. **For that reason if you are not a resident member of the Cathedral parish your baptism request form must be accompanied by a letter from your own parish priest** stating that he is aware the baptism is taking place at the Cathedral.

Furthermore, an administration fee of €50 is charged for all Baptisms. This fee must be enclosed with the application form to secure the date.

Thank you for taking these few moments to ensure that all the necessary paperwork has been completed in good time. We pray that God will bless and guide you in your role as parents.

Yours sincerely,
Msgr. Peter Rabbitte and Fr John Gerard Acton
Cathedral Clergy

**THE CATHEDRAL,
GALWAY H91 A780
IRELAND**

TEL + 353 (0) 91 563577
FAX + 353 (0) 91 534881

EMAIL:
INFO@GALWAYCATHEDRAL.IE

Cathedral of Our Lady Assumed into Heaven and St Nicholas, Galway
Cathedral Office, Galway Cathedral H91 A780 Telephone 00 353 91 563577

Request for the Sacrament of Baptism

Please complete this request form clearly and return it to the Cathedral Office

Child's Christian Names _____

Child's Surname
(As per Birth Cert) _____

Child's Date of Birth _____

Father's Name _____

Mother's Name
(Maiden form) _____

Postal Address _____

Telephone Number _____

Email address _____

Married in the Church " Not Married " Civilly Married "

Baptism Sponsors **Please Print in Block Capitals**

Godfather

Godmother

Note:

God-parents must be one male and one female. They must be Catholics who have received Baptism, Eucharist and Confirmation. However, a baptised adult from another Christian denomination may take part in the ceremony as a witness. Both God-parents and witnesses must be 18 years or over.

I/We confirm that the above particulars are accurate and we request the Sacrament of Baptism for our child. A copy of our child's birth certificate is enclosed with this request form. A member of the Cathedral baptismal team will contact you in order to help you prepare for your child's baptism. All this information will be retained in the parish office of Galway Cathedral as a record of your child's baptism.

I am happy for Galway Cathedral to use the above details to contact me about future events, blessings and services in the Cathedral.

Signature of Father

Signature of Mother

For Office Use

Admin Fee Received

Date of Baptism _____

Celebrant _____

Family contacted by a member of Baptismal Team or Priest " "

Team Member _____ Date of practice _____