

**REGISTRATION OF BAPTISM
INISTIOGE PARISH
County Kilkenny**

Christian Name/s _____ Gender: M F

Child's Surname _____

Date of Birth _____

Father's Name _____

Mother's Name [incl. maiden name] _____

Address of Child _____

Date & Church of Baptism _____

Godfather _____

Godmother [incl. maiden name if applicable] _____

Date & Place of Marriage _____

Telephone _____

Signature of Minister of Baptism _____

(To completed and signed by father if not married)

TESTIMONY OF FATHER

I, _____

wish to confirm that I am the father of the

child, _____

born to _____

on the _____

and [to be] baptised in Inistioge Parish,

Co. Kilkenny on _____

Father's Signature _____

Date _____

Witness _____

**Please return completed form to:
The Parish Office, Kilcross, Inistioge, Co. Kilkenny**

R95 P5P0