



Arles Parish

Arles Ballylinan Killeen

Baptism Registration Form

Name of child: _____

Date of Birth: _____

Mothers Name & Maiden Name: _____

Fathers Name: _____

Address: _____

Telephone: _____

Godparents : _____

Date of Baptism: _____ Church: _____

Please return this form to the Parish Office to secure your booking

