



ST. THOMAS MORE CATHOLIC CHURCH

10205 N. FM 620 • AUSTIN, TEXAS 78726-2210
(512) 258-1161 • (512) 258-8812 (FAX)

Baptism Information Sheet

Today's Date _____ Proposed date for Baptism _____

Full name of child to be baptized _____

City and State of child's birth _____

Date of Birth _____

Mailing address _____

City/State _____ Zip code _____

Phone number _____ Cellphone _____

Email address _____

Parent information:

Full name of father _____

Have you completed the baptism preparation course? (circle one) Yes No

If yes, what date? _____

Full maiden name of mother _____

Have you completed the baptism preparation course? Yes No

If yes, what date? _____

To be answered by Catholic parent(s):

Are you a registered parishioner of St. Thomas More Catholic Church? Yes No

Do you understand that in requesting that your child be baptized in the Catholic Church that you will be making a promise to be responsible for your child's religious formation in the Catholic Faith?

Yes No

Godparent information:

Name of Godfather _____

Has he completed the baptism preparation course? Yes No

If yes, what date? _____

Name of Godmother _____

Has she completed the baptism preparation course? Yes No

If yes, what date? _____

Christian/Catholic Witness or Proxy information (indicate which)

Name _____

Baptized by: _____

Date: _____