



REGISTRATION FORM FOR ROMAN CATHOLIC BAPTISM

St. Thomas the Apostle

208-664-9259

Child's Name: _____ Date of Birth: _____

City, State of Birth: _____

Gender: Male / Female

Mother's Name: _____ Religion: _____

Mother's Maiden Name: _____

Father's Name: _____ Religion: _____

Best phone #: _____ Best email: _____

Address, City, Zip: _____

Were parents married by a Catholic priest? Yes No

Registered @ St. Thomas? Yes No

Is this your first child to be baptized? Yes No.

If no, what was the date of last baptism preparation class you attended? _____

In what areas are you active, or wish to be active in the parish: _____

Godfather: _____ Religion: _____

Godmother: _____ Religion: _____

(Please note that a godparent must be a Confirmed Catholic over the age of 16.)

If either godparent will be represented by a Proxy, his/her name: _____

Was the child adopted? Yes No

If you are seeking permission to have a celebrant who is not a clergy at St. Thomas? Yes No

If yes, please indicate their name and where they currently minister or reside: _____

Please return this form, along with a copy of the child's birth certificate and godparent form to the parish office. Baptisms will only be scheduled once all paperwork has been submitted.

919 E Indiana Ave, Coeur d'Alene, ID 83814

For Office Use Only:

Birth Certificate Received Date: _____ Godparent Form Received Date: _____

Baptism Prep Needed: Yes No. If yes, Date: _____

MP follow-up: Yes No. If yes, Date: _____

Baptism Ready to Schedule: Yes No: Date/Time: _____

Certificate Creation Date: _____

Certificate Given to Parents: Yes No. If no, Date sent in mail: _____

Celebrant: Fr. Mariusz Majewski / Dcn. Andy Finney

Signature: _____ Date: _____

Date recorded: _____