

APPLICATION FORM FOR BAPTISM AT ST THOMAS AQUINAS

Please fill out this form legibly and accurately and return it to the parish office as soon as possible before the Baptism.

Child's name	,		
Child's nameLast		first	middle
DOB Place of Birth			
Please turn in a copy of the child's b	irth certificate		
Father's nameLas		first	مالماد: دور
			middle
Mother's maiden name	,,,	first	middle
Address			
. Tadi ess			
Phone numbers			
E-mail addresses			
Are you married? Yes / no. Date of r			
What Parish do you belong to?			
	Name		city, state
s the Child adopted? Yes / no H	las the child received a pr	ivate or emergency Ba	ptism? Yes / no
Have you attended Baptismal prep ir	the last 2 years? Yes / no	Date	
Parish of Baptism Preparation			
Godfather's name		;;	Parish
Godmother's name			
Godmother's name			Parish
Each godparent needs to provide a Grecognition from home parish if other	•		on attendance certificate, and a lett
Name of Christian witness (if applical	ble)		
Name of Proxy (if applicable)			
Office Use			
Date of Baptism	Minister of Baptism	1	
Minister's signature		date:	
Child's Birth Certificate	Godfather's Co	venant Form	Godmother's Covenant Form
Parent's letter from Parish		's letter from ParishGodmother's letter from Parish	
Parent's Baptism Preparation	Godfather's Baj	ptism Preparation	Godmother's Baptism Prepara
Certificate	Certificate		Certificate
1 Parent's Baptism Certificate			
Date entered in Register:	Register Number:	Secreta	ary's intials: