

OFFICE USE ONLY:

BAPTISMAL DATE _____

Registered at St. Thomas _____

Date and Place of Parents Marriage _____

Date of Baptismal Class: _____

Attended: _____

Attended Previously: _____

Baptismal Packet: Date Given _____

Date Mailed: _____

BAPTISMAL REQUEST FORM

Date _____

FAMILY NAME: _____

Baby's Name: _____

Date of Birth: _____ **Place of Birth:** _____

Father's Name: _____

Mother's (Maiden) Name: _____

Address: _____

Phone: _____ **Email:** _____

Godfather: _____

Godmother: _____

Religion: _____

Religion: _____

Active: _____

Active: _____

Parish: _____

Parish: _____

Proxy: _____

Proxy: _____

Godfather Cert: _____

Godmother Cert: _____

COMMENTS AND NOTES:

President: _____