

Added Family Record ___ Added Sacrament ___ In Bulletin ___ Volume # _____ Page # _____ Line # _____

Entered in Registry Index _____

Baptized by _____ Date Recorded in Database _____

Date of Baptism _____ Time of Baptism _____
MONTH DAY YEAR

St. Thomas the Apostle Parish Baptism Registration Form

Registered at St. Thomas: ___ YES ___ NO

Child's Name _____ Boy ___ or Girl ___
FIRST MIDDLE LAST SUFFIX

Child's Date of Birth _____ Child's City, State of Birth _____
MONTH DAY YEAR

Child's Address _____ City _____ State _____ Zip _____

Phone Number _____ Home _____ Work _____ Cell _____ Email Address _____ Mom's ___ or Dad's ___

Married: Yes ___ Catholic Church ___ Non-Catholic Church ___ Civil ___

Parish of Marriage City, State _____ Date of Marriage _____
MONTH DAY YEAR

If No ___ Living Together Yes ___ No ___ if No Above Address Mom's ___ Dad's ___

Father's Name _____ Religion _____
FIRST MIDDLE LAST SUFFIX

Mother's Maiden Name _____ Religion _____
FIRST MIDDLE MAIDEN

Godfather's Name _____ Religion _____
FIRST LAST SUFFIX

Certificate Needed? ___ Certificate Supplied? ___ Christian Witness? ___

Godmother's Name _____ Religion _____
FIRST LAST

Certificate Needed? ___ Certificate Supplied? ___ Christian Witness? ___

Child Baptized Before No ___ Yes ___ Date _____ Where _____

Parent(s) Previously Attended Pre-Baptism Class: Yes: Year Attended _____ Where _____

No: Date Scheduled _____ **Date Attended Pre-Baptism Class** ____/____/____

Signature of Pre-Baptism Class Presenter _____

Turn on YouTube? No ___ Yes ___

Person Interviewing _____ Date of Interview _____
MONTH DAY YEAR

By Phone ___ By Email ___ In Person ___