



BAPTISMAL REGISTRATION FORM

Full Name of Child: _____ Female Male
First Middle Last (Circle One)

Date of Birth: _____

Place of Birth: _____

Residence/Address: _____
Street/P.O. Box City State Zip

Telephone Numbers: _____
Home/Work Father's Cell Mother's Cell

Date of Baptism: _____

Full Name of Father: _____
First Middle Last

Religion of Father: _____

Full Name of Mother: _____
First Middle Maiden Last

Religion of Mother: _____

Were Parents married by a Catholic Priest: YES NO (circle one) Name of Church: _____

Full Name of Godfather: _____
First Middle Last

Religion of Godfather: _____

Full Name of Godmother: _____
First Middle Last

Religion of Godmother: _____

Is either Godparent represented by a proxy? YES NO (circle one)

Full Name of Proxy: _____
First Middle Last

Was the child adopted: YES NO (circle one)

E-MAIL ADDRESS: _____

Number of Pews Requested for the Celebration: _____

Rejoicing in the birth of our child, we wish to share the gift of faith God has given us, and join our child's life to Christ's in the Sacrament of Baptism. Together, with our child's Godparents, we accept the responsibility of teaching this child to practice the faith which Baptism begins, both in our instruction and practice of faith. We recognize as well our responsibility to learn more about our own faith so that we might give our child every possible benefit in the new life begun at Baptism.

We wish to join the community of St. Thomas the Apostle in celebrating the sacrament to thank God for His gifts of life and faith; to renew our own commitment to the Roman Catholic Church and to the St. Thomas the Apostle community; and to make our child a member of Christ's Body, the Church, through the Sacrament of Baptism.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____