

ST. THOMAS MORE BAPTISMAL INFORMATION

Name of Child to be Baptized:	(First, Middle, Last)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Birth Date of Child:	(Month, Day, Year)	
Place of Birth:	City/State	
Father's Full Name:	(First, Middle, Last)	
Father's Religious Affiliation:		
Mother's Full Name:	(First, Middle, Maiden, Last)	
Mother's Religious Affiliation:		
Godmother Full Name:	(First, Middle, Last)	
Parish Godmother is attending & address	(Parish, Address, City, State, Zip)	
Godfather Full Name:	(First, Middle, Last)	
Parish Godfather is attending & address	(Parish, Address, City, State, Zip)	
Parish to Perform Baptism:	Name of Parish/ (City/State)	
Scheduled Date of Baptism:		
Name of Baptizing Priest or Deacon:	(First, Last)	
Your Current Mailing Address:	(Street Address, City, State, Zip):	
Your Contact Information:	Home Phone	
Your Contact Information:	Cell	e-mail
Have you completed the Baptismal Seminar?	Yes <input type="checkbox"/>	Date: <input type="text"/> Parish Attended at: <input type="text"/>
Are you a St. Thomas More Parishioner?	Yes <input type="checkbox"/>	Years at STM: <input type="text"/>