



**ST. THOMAS MORE CATHOLIC COMMUNITY
REQUEST FOR BAPTISM**

Name of Child: _____

Is the child: Male _____ Female _____

Date of Birth: _____ City and State of Birth: _____

Father's Name: _____

Father's Religion: _____

Mother's Name: _____

Mother's Maiden Name: _____

Mother's Religion: _____

Street Address: _____ City: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Are you registered in the parish? Yes _____ No _____

Are you attending Mass? Yes _____ No _____

Are the child's parents married or single? Married _____ Single _____

If the child's parents are not married, **both parents'** signatures are required.

Signature of parent(s) requesting baptism

Today's date

OFFICE USE ONLY Reg. # _____

Godfather's Name: _____

Is he a Confirmed Catholic? Yes _____ No _____

Godmother's Name: _____

Is she a Confirmed Catholic? Yes _____ No _____

Remarks: _____

Date of Baptism: _____ Presider: _____

Baptism Preparation session completed on: _____