



St. Thomas the Apostle Baptism Registration Form

Today's Date: _____ Parish Registration Date: _____ Registration #: _____

Child's Full Name: _____ Male: ___ Female: ___

Residence: _____ Phone #: _____

Email Address: _____

Date of Birth: _____ Place of Birth: _____

Father's Name: _____ Practicing Catholic: Yes ___ No ___

Mother's Name: _____ Practicing Catholic: Yes ___ No ___

Are Child's Parent's Married? Yes ___ No ___ By a Priest? Yes ___ No ___

Church and Location Where Married: _____

Godfather's Full Name: _____

Is the Godfather Catholic? Yes ___ No ___ Confirmed: Yes ___ No ___

Godmother's Full Name: _____

Is the Godmother Catholic? Yes ___ No ___ Confirmed: Yes ___ No ___

Is either Godparent represented by Proxy? Yes ___ No ___

If yes, name of Proxy: _____

Was the child privately Baptized? Yes ___ No ___ Is the child adopted? Yes ___ No ___