

THE ROMAN CATHOLIC PARISH OF SAINT THOMAS THE APOSTLE
ST. THOMAS, MISSOURI



Baptismal Pre-Registration Form

Full name of child/person to be baptized: _____

Date of birth: ____/____/____

Place of birth: _____ State: _____

Proposed date of Baptism: ____/____/20____ Time: _____

Full name of Father: _____

Catholic? **Yes** / **No** If **NO**, faith professed: _____

Full name of Mother (maiden name): _____

Catholic? **YES** / **No** If **NO**, faith professed: _____

Parents' address: _____

Parents' phone: (____) _____

Email: _____@_____

Name of Godfather/Sponsor: _____

Name of Godmother: _____

Parish(es) in which they are registered: _____

** The child may only have only two godparents. One is to be a man and one is a woman. At least one of the godparents must be older than 16 years of age, and must have received Confirmation in the Roman Catholic Church. Additionally, they should be active Catholics and in good standing with the Roman Catholic Church.*

Date of form completed: _____ 20 ____

Data entered into Sacramental Record? **Yes/ No**