

Saint Thomas the Apostle
530 Elizabeth Street Attn: Deacon Warren
Ann Arbor, MI 48104-1222
Phone: (734) 761-8606 Fax: (734) 997-8432

APPLICATION FOR INFANT BAPTISM

Please type or print clearly:

NAME OF CHILD _____
(first) (middle) (last)

DATE OF BIRTH _____ MALE _____ FEMALE _____

PLACE OF BIRTH _____
(city) (state)

DATES OF BAPTISMAL WORKSHOPS _____
(dates taken, parish name & city or desired sign up dates)

DESIRED DATE(s) OF BAPTISM _____

FATHER'S NAME _____ DENOMINATION _____
(first) (middle) (last)

MOTHER'S NAME _____ DENOMINATION _____
(first) (middle) (maiden) (last)

ADDRESS _____ PHONE (H) _____
(complete street address) (city) (zip) (w/area code)
(W) _____
(w/area code)

PARENTS MEMEBERS OF ST. THOMAS PARISH?

YES _____ NO _____ IF NO, WHERE _____
(parish) (city) (state)

SPONSORS:
NAME (male) _____ DENOMINATION _____

NAME (female) _____ DENOMINATION _____

For office use:

CELEBRANT _____ RECORDED _____

COMPLETED ST. THOMAS WORKSHOPS: YES _____ DATES _____

IF NO, WHEN/WHERE _____

APPEARED FOR SCHEDULED BAPTISM: YES _____ NO _____

DATE RECORDED _____

_____ Reg.Card _____ ParishSoft
_____ Certificate _____ Registry