

St. Thomas the Apostle Catholic Community
Baptismal Registration & Checklist

Paid \$10: Yes/No

Child's Name: _____

Address: _____

_____ Member of parish? Yes/No

Phone Number: (____) _____

Place/City of Birth: _____ Date of Birth: ____/____/____

Father's Name: _____

Religion of Father: _____

Mother's Name: _____

Religion of Mother: _____

Any siblings? Name(s): _____

Godfather's Name: _____

OR Name of Non-Catholic Witness: _____

Is Godfather Catholic? Yes/No

Godfather Confirmed? Yes/No

Godmother's Name: _____

OR Name of Non-Catholic Witness: _____

Is Godmother Catholic? Yes/No

Godmother Confirmed? Yes/No

Is either Godparent represented by Proxy? Yes/No

Name of Proxies: _____

Date of Baptism: _____

During which Mass (**Circle**): 4:30 PM 8:00 AM 10:00 AM

Presider: _____ **Presider Signature:** _____

Number of Reserved Pews (**Circle**): 1 2 3 4 Other: _____

Baptismal Prep to Be Completed (**if first child**): Yes/No _____ **if yes**, Inform Dcn. Rich

Emailed/ sent in picture of Baby: Yes/ No

___ Census Info Entered ___ Recorded in Baptismal Register ___ Informed Sacristan Involved