

**BAPTISM AT ST. THOMAS THE APOSTLE CHURCH, CLYDE NORTH (ST. PETER'S COLLEGE)**

RITE OF WELCOME .....BAPTISM .....At..... am

[ PLEASE PRINT CLEARLY ]

CHILD'S FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

ADDRESS OF PARENTS: \_\_\_\_\_ Ph: \_\_\_\_\_

Religious Denomination

FATHER'S FULL NAME: \_\_\_\_\_

Religious Denomination

MOTHER'S FULL NAME: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

PLACE OF MARRIAGE [Name of Church] \_\_\_\_\_

NAMES OF GODPARENTS:

1. \_\_\_\_\_ Religion \_\_\_\_\_ 2. \_\_\_\_\_ Religion \_\_\_\_\_

3. \_\_\_\_\_ Religion \_\_\_\_\_ 4. \_\_\_\_\_ Religion \_\_\_\_\_

OTHER CHILDREN: \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

*Office Use Only*

BAPTISM INFORMATION SESSION ATTENDED YES NO *Priest* \_\_\_\_\_