

St. Thomas of Canterbury Catholic Church
1522 McCoy Avenue San Jose, CA 95130
Phone (408) 378-1595 FAX (408) 378-1215 Website: www.stcsj.org
Contact www.mailroom@stcsj.org or frmark@stcsj.org

APPLICATION FOR INFANT BAPTISM

CHILD'S FULL NAME _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

FATHER'S FULL NAME _____

RELIGION _____ **INITIATION SACRAMENTS: Baptism, Confirmation, Eucharist**
(Please circle where applicable)

MOTHER'S FULL NAME (Including Maiden) _____

RELIGION _____ **INITIATION SACRAMENTS: Baptism, Confirmation, Eucharist**
(Please circle where applicable)

PLACE/CHURCH OF MARRIAGE _____

PARENTS' ADDRESS _____

PHONE NUMBER _____

CHURCH WHERE REGISTERED _____

GODFATHER'S NAME _____

Is he a FULLY INITIATED CATHOLIC? YES or NO (See Godparent Eligibility Certificate)

GODMOTHER'S NAME _____

Is she a FULLY INITIATED CATHOLIC? YES or NO (See Godparent Eligibility Certificate)

OR CHRISTIAN WITNESS _____ **RELIGION** _____
(if not Catholic)

-Bottom section to be completed by parish staff-

DATE OF INTERVIEW _____

BAPTISM PREPARATION CLASSES _____

PERMISSION (If from other parish) _____

DATE and TIME OF BAPTISM _____

BAPTISM by IMMERSION _____ **by POURING** _____

MINISTER _____ **(Priest/Deacon)**