

# Church of St. Thomas More

1300 Junipero Serra Blvd. San Francisco, CA 94132

PH: 415-452-9634 FX: 415-452-9653

## Application for the Holy Sacrament of Baptism

**PLEASE PRINT CLEARLY**

Date of Baptism: \_\_\_\_\_

Name of person being baptized: \_\_\_\_\_

Date & place of birth: \_\_\_\_\_

Father's full name: \_\_\_\_\_

Religion: \_\_\_\_\_ Father's place of birth: \_\_\_\_\_

Mother's full maiden name: \_\_\_\_\_

Religion: \_\_\_\_\_ Mother's place of birth: \_\_\_\_\_

Address of family: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Practicing Catholic Godfather: \_\_\_\_\_

Practicing Catholic Godmother: \_\_\_\_\_

*Parents and principal godparents are required to attend a baptismal preparation class.  
Please call the STM office to schedule your preparation class.*

Is the family registered in the parish? YES \_\_\_\_\_ NO \_\_\_\_\_

If no, what parish? : \_\_\_\_\_

Were the parents married: YES \_\_\_\_\_ NO \_\_\_\_\_

If yes (please check one) Civil: \_\_\_\_\_ Catholic Church: \_\_\_\_\_ Other: \_\_\_\_\_

Does this child have siblings? No: \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please list the names, ages, grades and the school/s they attend:

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### **FOR OFFICE USE ONLY:**

**Priest/Deacon performing Baptism:** \_\_\_\_\_

**Baptism Prep class Certificates:** Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Godfather \_\_\_\_\_ Godmother \_\_\_\_\_

**Recorded in sacramental register:** YES \_\_\_\_\_ NO \_\_\_\_\_ **Birth Certificate:** YES \_\_\_\_\_ NO \_\_\_\_\_

**\$150 Donation:** YES \_\_\_\_\_ NO \_\_\_\_\_ CASH/CHECK# \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

**Notes:**

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