

**SAINT THOMAS'S PARISH IN NEWARK
APPLICATION FORM FOR BAPTISM**

Date of Application: _____

CANDIDATE: _____
First Name Middle Name Family Name

BIRTH Date: _____ Place: _____ Male or Female
Month Day Year Hospital: (circle one)

ADDRESS: _____
Street Development

_____ City State Zip Code E-mail address

Home Phone _____ Work Phone (if adult) _____

Information on parents needed for adult candidates as well as children

FATHER _____
First Name Middle Name Family Name

Religious Affiliation: _____

Church Connection: _____ Work Phone _____

Occupation: _____

MOTHER _____
First Name Middle Name Family Name

Religious Affiliation: _____

Church Connection: _____ Work Phone _____

Occupation: _____

If other children in the family have been baptized at St. Thomas's, please list their names here.

Continue on reverse side with listing of Sponsors and Godparents

.....

Information below is for office use only

Date of Baptism: _____ Time: _____ Priest: _____

Register Volume: _____ Date recorded: _____ by: _____

Baptisms/pages: _____ Baptized Persons/pages: _____

Communicant/pages: _____ Index/pages: _____

Officiant signature _____ Carpenter _____ Checked address _____

GODPARENTS AND SPONSORS

*One or more Godparents (for children) or Sponsors (for adults) are required.
They all must be baptized Christians and should be active members of their respective churches.*

1. _____
 First Name Middle or Maiden Name Family Name

Relationship to parents: _____

Religious affiliation: _____

2. _____
 First Name Middle or Maiden Name Family Name

Relationship to parents: _____

Religious affiliation: _____

3. _____
 First Name Middle or Maiden Name Family Name

Relationship to parents: _____

Religious affiliation: _____

4. _____
 First Name Middle or Maiden Name Family Name

Relationship to parents: _____

Religious affiliation: _____

Please return this form as soon as possible to:

**St. Thomas's Parish
276 South College Avenue
Newark, Delaware 19711**

Telephone 302-368-4644