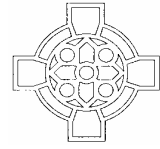


# ST. GILES CHURCH BAPTISM APPLICATION



DATE OF BAPTISM \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_  
(As it is to appear on Certificate) First Middle Last

DATE OF BIRTH \_\_\_\_\_  
Month Day Year

PLACE OF BIRTH \_\_\_\_\_  
City or Town State

FATHER'S NAME \_\_\_\_\_ R.C.  
First Name Last Name

MOTHER'S NAME \_\_\_\_\_ R.C.  
First Name (Maiden Name) Last Name

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_

ST. GILES' PARISHIONER? (Yes/No) \_\_\_\_\_ Envelope Number \_\_\_\_\_  
(If non-parishioner, Attach letter of permission for Baptism at St. Giles \_\_\_\_\_ )

PARENTS MARRIED AT \_\_\_\_\_  
Church Name Location  
(Other) \_\_\_\_\_

PARENT(S) NAME(S) (As they are to appear on Baptismal Certificate):  
\_\_\_\_\_

SPONSOR'S NAME \_\_\_\_\_ R.C.

SPONSOR'S NAME \_\_\_\_\_ R.C.

## OFFICE USE

REGULAR  SPECIAL BAPTIZER  \_\_\_\_\_

CLASS DATE \_\_\_\_\_

PACKET MAILED \_\_\_\_\_

CLASS COMPLETED  
INSTRUCTOR NAME \_\_\_\_\_

Name Date

BAPTIZED BY \_\_\_\_\_  
Name Date

SPECIAL INFORMATION: