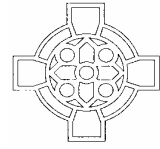


ST. GILES CHURCH BAPTISM APPLICATION



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: