

BAPTISMAL INFORMATION FORM

(Return to Rachel Mark by February 19 via paper or E-Mail)

Please **Print** Clearly

NAME OF STUDENT _____ **Age** _____
First (no nicknames!) Middle Last

Student's Date of Birth _____ **Place of Birth** _____

Date of Baptism _____ (estimated date is ok, too!)

Please check:

- I was baptized at St. Thomas More (*check here & skip to parent info*)
 I was baptized at another parish; Baptismal certificate is attached here
 I was baptized at another parish, but don't have a copy of the certificate.
Rachel, will you kindly track it down for me?

Name of Parish _____

Street Address _____

City _____ State _____ Zip Code _____

PARENTS: Birth Father's full name _____
First (full- no nicknames) Middle Last

Birth Mother's full **maiden** name _____
First (full- no nicknames) Middle Maiden

*note: if adopted, list adopted parents' names

Return to: St. Thomas More Catholic Church

1700 8th Street South ♦ Brookings, SD 57006 ♦ 605-692-4361 ♦ Rachel Mark's office 605-692-8309

Office use only: snt: _____

Spsr: _____