BAPTISMAL INFORMATION FORM – for Confirmation

(Return to Evan Baumberger by March 23rd via paper or E-Mail to discipleship@stmbrookings.org)

First Name (full- no nicknames) Middle Name		Last Name		
Current Age Date of	Birth			
Place of BirthCit				_
Cit	у		State	Zip Code
Date of Baptism	(or estimated date of	f Baptism)		
Please check one:				
I was baptized at St	Thomas More Paris	h		
I was baptized at ano Baptismal certificate t	•	, and I ha	ave attached a ph	otocopy of m
I was baptized at ano certificate, so please i	•	•		
Name of Parish / Church				
Address				-
City	Sta	ıte	Zip Code	
Full Name of Birth Father:				
First Name (full- no nicknames)	Middle Name		Last Nar	ne
Full <i>Maiden Name of Birth Moth</i>	<u>er:</u>			
First Name (full- no nicknames)	Middle Name		Maiden Last N	lame
note: if adopted, list adopted paren	nts' names			
Please Return to: St. Thomas More 1700 8th Street South Brookings, SD 570			mberger's office 605- eship@stmbrookings.	