

ST. THOMAS SYRO MALABAR CATHOLIC CHURCH

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BAPTISM CERTIFICATE FORM:

Name of child:	(First/Christian name)	(Surname)	
Name of Father:	(First)	(Middle)	(Last)
Name of Mother:	(First)	(Middle)	(Last)
ADDRESS:			
Street:	House/Apt#:		
City:	Postal Code:		
Phone:(H)	Cell :		
Child's Date of Birth: (yy/mm/dd)	Place of Birth:		
Date of Baptism: (yy/mm/dd)	Church of Baptism:		
GOD FATHER			
(First name)	(Last name)		
GOD MOTHER			
(First name)	(Last name)		
Religion:			
Celebrant:			
Email Address: (parents)			

SIGNATURE: _____ DATE: _____

-----OFFICE USE ONLY-----

ISSUED BY: _____ DATE: _____