



Pastor: Jonathan Blanchard

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REQUEST FOR BAPTISM FORM

Preferred Baptismal Date	
Full Name of Child	
Birth Date of Child	
Full Name of Mother	
Mother's Birth Name	
Religion of Mother	Baptized? <input type="checkbox"/> Y <input type="checkbox"/> N - Confirmed? <input type="checkbox"/> Y <input type="checkbox"/> N
Full Name of Father	
Religion of Father	Baptized? <input type="checkbox"/> Y <input type="checkbox"/> N - Confirmed? <input type="checkbox"/> Y <input type="checkbox"/> N
Street Address	
City	
Postal Code	
Home Telephone	
Email:	
Names of Godparents	
1.	Baptized? <input type="checkbox"/> Y <input type="checkbox"/> N - Confirmed? <input type="checkbox"/> Y <input type="checkbox"/> N
2.	Baptized? <input type="checkbox"/> Y <input type="checkbox"/> N - Confirmed? <input type="checkbox"/> Y <input type="checkbox"/> N
3.	Baptized? <input type="checkbox"/> Y <input type="checkbox"/> N - Confirmed? <input type="checkbox"/> Y <input type="checkbox"/> N
4.	Baptized? <input type="checkbox"/> Y <input type="checkbox"/> N - Confirmed? <input type="checkbox"/> Y <input type="checkbox"/> N
Why do you want to get your child baptized?	

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