

St. Thomas Episcopal Church

1405 Bushwick Avenue, Brooklyn, NY, 11207

The Reverend Father **Sully Guillaume-Sam** Rector

APPLICATION FOR HOLY BAPTISM

Date of Application:					Date of Baptism:		
Child's Full Name:							
Date of Birth:	Age:	Sex:					
State where the child was born:				Hospital where the	child was born:		
Address of Child:							
5.1.7.5.11.11							
Father's Full Name:							
Address if different:	=						
Telephone:			Religious Affiliation:				
Mother's Full Name:							
Address if different:							
Telephone:			Religious Af	filiation:			
			*				
						Over	
Office use only							
Officiant:							

Phone: (718)452-2332

Fax: (718)452-1355

Website: http://www.stthomasepiscopalbrooklyn.org

Email: stthomasb@optonline.net

 $\underline{stthomasbrooklyn@gmail.com}$

GOD PARENTS INFORMATION

Full Name:					
Address if different:					
Telephone:	Religious Affiliation:				
Full Name:					
Address if different:					
Telephone:	Religious Affiliation:				
Full Name:					
Address if different:					
Telephone:	Religious Affiliation:				
=					
Full Name:					
Address if different:					
Telephone:	Religious Affiliation:				