

**St. Thomas of Villanova Parish**  
**Box 13034, Topsail Station**  
**Conception Bay South, NL A1W 2K1**  
**Telephone (709) 834-9481 Fax (709) 834-5680**  
[villanovaparish@nl.rogers.com](mailto:villanovaparish@nl.rogers.com)  
**REGISTRATION FOR BAPTISM**

Form to be completed by Parents of child to be baptized. Please print all the information:

Child's Full Name: \_\_\_\_\_

Born on the: \_\_\_\_\_ Day of \_\_\_\_\_ Year \_\_\_\_\_

Place of Birth (Hospital & Place): \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Religion \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's full name: (including Maiden name): \_\_\_\_\_

Religion: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Church & Place of Marriage \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Complete Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Godfather: \_\_\_\_\_ Religion: \_\_\_\_\_

Godmother: \_\_\_\_\_ Religion: \_\_\_\_\_

Was the child baptized privately in danger of death? \_\_\_\_\_

Other children:

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Parents & Godparents are required to attend the pre-baptism course.

Baptismal Fee: \$20.00