

ST. THOMAS SYRO-MALABAR CATHOLIC FORANE CHURCH - SCARBOROUGH

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NOC APPLICATION - BAPTISM

*KINDLY FILL IN ALL FIELDS ALONG WITH SIGNATURE AND DATE AT THE BOTTOM OF THE FORM

Name of Child:	<small>(first/Christian name)</small>	<small>(last)</small>
Name of Father:	<small>(first)</small>	<small>(middle)</small>
Name of Mother:	<small>(first)</small>	<small>(middle)</small>
Address:		
Street:	House/Apt#:	
City:	Postal Code:	
Phone:(home)	(Cell)	

<u>Envelope Number :</u>		
Child's Date of Birth:	<small>(yyyy/mm/dd):</small>	Place of Birth:
Proposed date of Baptism:	<small>(yyyy/mm/dd)</small>	
Proposed Church of Baptism:		

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

Date of Issue
Other Remarks:

UPON RECEIPT OF REFERENCE LETTER

SIGNATURE: _____ DATE: _____