ST. THOMAS SYRO-MALABAR CATHOLIC FORANE PILGRIM 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:	(first/Christian name)		(last)
Name of Father:	(first)	(middle)	(last)
Name of Mother:	(first)	(middle)	(last)
Address:			
Street:		House/Apt#:	
City:		Postal Code:	
Phone:(home)		(Cell)	

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

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

Date of Issue
Other Remarks:

UPON RECEIPT OF REFERENCE LETTER

SIGNATURE: _____ DATE: _____