

BAPTISM FORM

St. Jerome Church, Kashimira, Dist. Thane 401104

Date of Baptism: _____

Birthday or Age: _____

Child's Name: _____

Child's Surname: _____

Father's Name: _____

Mother's Name: _____

Father's Residence: _____

Telephone: Home _____ Cell _____

His Profession: _____

Nationality: _____

Godfather's Name: _____

His Surname: _____

His Residence: _____

Godmother's Name: _____

Her Surname: _____

Her Residence: _____

Place of Baptism: _____

Minister: _____

Remarks: _____

For Authenticity of Extract: The _____ Day of _____ 20_____

Parish Priest