Trinity Mar Thoma Church Houston

5810 Almeda genoa Road, Houston, Texas 77048

# Application for Baptism

No:

|  |  |
| --- | --- |
| Name of the Child/ Person to beBaptized ( in Capital Letters) |  |
| Place of Birth of the Child |  |
| Gender |  |
| Date of Birth | Year: Month: Day: |
| Name of Parents | Father:Mother: |
| Address of Parents |  |
| Present Parish |  |
| Home Parish |  |
| Name and Address of God-parent |  |
| Denomination of God-parent |  |

I request you to baptize my child/myself at.......................................................................................................

On ...............................................................

Kindly enroll his/her/my name in the Parish Register also.

Place:

Date: Signature of Parent/ Self