



## The Mar Thoma Church of Dallas, Carrollton

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| <p style="text-align: center;"><b>Church Address</b></p> <p style="text-align: center;">1400 West Frankford Road<br/>Carrollton, TX 75007<br/>(972) 939 - 8081</p> | <p style="text-align: center;"><b>Parsonage Address</b></p> <p style="text-align: center;">3404 Ashleaf Drive<br/>Carrollton, TX 75007<br/>(972) 394 - 7919</p> |
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### Application for Baptism

|                               |  |         |          |
|-------------------------------|--|---------|----------|
| 1                             | Name of the Child / Person to be Baptized: |         |          |
| 2                             | Place of Birth:                            |         |          |
| 3                             | Gender (Circle one):                       | Male    | / Female |
| 4                             | Date of Birth (MM,DD, YYYY):               |         |          |
| <b>Parents Information</b>    |  |         |          |
| 5                             | Name of Parents                            | Father: |          |
|                               |  | Mother: |          |
| 6                             | Address of the Parents:                    |         |          |
| 7                             | Present Parish:                            |         |          |
| 8                             | Home Parish:                               |         |          |
| <b>God-Parent Information</b> |  |         |          |
| 9                             | Name:                                      |         |          |
| 10                            | Denomination:                              |         |          |
| 11                            | Address:                                   |         |          |

I request you to baptize my child / myself at \_\_\_\_\_ on \_\_\_\_\_.

Also, kindly enroll his / her / my name in the parish register.

\_\_\_\_\_  
Signature of parent / Self

Place: \_\_\_\_\_

Date: \_\_\_\_\_