



*Church of
St. Thomas the Apostle*

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PERMISSION

To Whom It May Concern:

This is to verify that to the best of our knowledge,

Name: _____

Home address: _____

() has/have permission to have their child baptized in your church.

Child's Name: _____

Name of Church: _____

City: _____ State: _____

Date of Baptism: _____

() has permission to be married in your church.

Name of Church: _____

City: _____ State: _____

Date of Marriage: _____

() is eligible to be a Sacramental Sponsor. Please circle: Godparent

Confirmation Sponsor

Name of Child: _____

Name of Church: _____

City: _____ State: _____

Date of Sacrament: _____

Reverend _____ (SEAL)

Date _____