

ST. PAUL'S EPISCOPAL CHURCH

Information Sheet

Holy Baptism

DATE OF APPLICATION _____

FULL NAME _____ AGE _____

RESIDENCE _____ SEX _____

FATHER'S FULL NAME _____

MOTHER'S FULL NAME _____

PARENTS' RESIDENCE _____

PARENTS' TELEPHONE _____

RELIGIOUS AFFILIATION OF PARENTS _____

1. _____

RESIDENCE _____

WITNESS

OR 2. _____

SPONSORS

RESIDENCE _____

3. _____

RESIDENCE _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

DATE OF BAPTISM _____ HOUR _____

OFFICIANT _____