

Information for Holy Baptism – St. Peter’s Episcopal Church

Date of Application: _____

Please PRINT all information clearly

Full Name: _____

Male/Female: _____ Age: _____

Residence: _____

Father’s Full Name: _____

Mother’s Full Name: _____

Mother’s Maiden Name: _____

Parents’ Residence: _____

Parents’ Telephone: Home _____ Cell _____

Religious Affiliation of Parents: _____

Witnesses or Sponsors:

1.) Name: _____

Residence: _____

2.) Name: _____

Residence: _____

3.) Name: _____

Residence: _____

4.) Name: _____

Residence: _____

Date of Birth: *[mm/dd/yy]* _____

City and State of Birth: _____

Date of Baptism: _____ Time of Baptism: _____

Place of Baptism: _____

Officiant: _____