



ST. ANDREW'S  
EPISCOPAL CHURCH

# Holy Baptism Information

Date of Application \_\_\_\_\_

Full name of person to be baptized \_\_\_\_\_ Sex \_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date of birth \_\_\_\_\_

Place of birth (city) \_\_\_\_\_ (state) \_\_\_\_\_ (country) \_\_\_\_\_

Parents' full names

\_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_ Cell: \_\_\_\_\_

Home phone) \_\_\_\_\_

Email (s) \_\_\_\_\_

\_\_\_\_\_

Religious affiliation of parents \_\_\_\_\_

Sponsors (or Godparents)

1. Name \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

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**Office use only:**

**Date and Time of Baptism** \_\_\_\_\_

Place of Baptism \_\_\_\_\_

Officiant \_\_\_\_\_

Person recording this information \_\_\_\_\_