

HOLYBAPTISM

Date of application: _____

Full Name:

Gender: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Father's full name:

Mother's maiden name:

Parents' Address:

City: _____ State: _____ Zip: _____

Parents' Phone: _____

Email: _____

Witnesses or Sponsors (Godparents):

1.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

2.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

3.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of birth: _____

Place of birth: _____

Date of baptism: _____

Place of baptism: St. Peter's Church

Officiant: The Very Rev. Emily Richards