

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 _____