

BAPTISMAL APPLICATION

Please fill out this form and return to the church office.

Full name of Baptismal Candidate:

Date of Birth _____ Gender _____

Place of Birth (City and State) _____

Mother's Full Name (including maiden name) _____

Street Address _____

City, State and Zip Code _____

Phone _____ email _____

Mother's Religious affiliation _____

Father's Full Name _____

Street Address _____

City, State and Zip Code _____

Phone _____ email _____

Father's Religious affiliation _____

Godparent/Sponsor _____

Godparent/Sponsor _____