



Baptism Application

St. Edward's Episcopal Church
737 Moon Road ☻ Lawrenceville, Georgia 30046

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

Full name of Baptismal Candidate:

Full Date of Birth _____ Age _____ Gender _____

Place of Birth (City, State, Province, Country):

Mother's Full name:

_____ Nee (Maiden) _____

Street Address _____

City, State, Zip Code, Province, Country _____

Preferred Phone (Cell/Home) _____

Preferred Email Address _____

Mother's Religious Affiliation _____

Father's Full Name _____

Street Address _____

City, State, Zip Code, Province, Country _____

Preferred Phone (Cell/Home) _____

Preferred Email Address _____

Father's Religious Affiliation _____

Godparent/Sponsor _____

City & State _____

Godparent/Sponsor _____

City & State _____