



ST. PETER'S
EPISCOPAL CHURCH

EST. 1868

HOLY BAPTISM INFORMATION

BAPTISM CANDIDATE:

FULL NAME (First/Middle/Last):

SEX:

AGE:

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DATE OF BIRTH:

PLACE OF BIRTH (City/County):

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STREET ADDRESS:

CITY:

STATE:

ZIP:

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TELEPHONE:

ALTERNATE TELEPHONE:

CONTACT EMAIL:

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FATHER'S FULL NAME:

MOTHER'S FULL NAME (including maiden name):

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RELIGIOUS AFFILIATION OF PARENTS:

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GODPARENTS OR SPONSORS: (Please use full names of all, including maiden names of Godmothers if married. *Ex: Jane Smith Doe*)

	NAME OF SPONSOR:	RESIDENCE:
1		
2		
3		
4		

DATE OF BAPTISM:

PLACE OF BAPTISM:

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BAPTISM OFFICIANT:

HOUR:

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