

HOLY BAPTISM INFORMATION

BAPTISMAL CANDIDATE'S FULL NAME (First/Middle/Last): SEX: AGE:

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BAPTISMAL CANDIDATE'S DATE OF BIRTH: PLACE OF BIRTH (City/County):

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CURRENT STREET ADDRESS: CITY: STATE: ZIP:

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TELEPHONE: EMAIL:

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FATHER'S FULL NAME: MOTHER'S FULL NAME (including maiden name):

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ST. PETER'S PARISHIONERS? (Yes/No) IF NO, WHAT IS YOUR RELATIONSHIP TO ST. PETER'S?
WHAT IS YOUR HOME PARISH?

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GODPARENTS OR SPONSORS:

(Include full names of all, and maiden names of godmothers if married. Ex: Jane Smith Doe)

	FULL NAME OF GODPARENT:	STREET ADDRESS/CITY/STATE/ZIP:
1		
2		
3		
4		

NAME TO USE IN PRAYERS # OF PEWS TO RESERVE:
DURING BAPTISM (given or nickname?): # OF GUESTS EXPECTED: (8 people per pew)

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WOULD FAMILY LIKE TO DONATE ALTAR FLOWERS IN HONOR OF THE BAPTISM FOR THAT DAY?
(Yes/No)

	<i>Donation may be made online @ stpetersepiscopal.org/worship/sunday-flowers/</i>
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OFFICE:

DATE OF BAPTISM: PRIEST:

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