

St. Michael's Episcopal Church

Holy Baptism Information Form

Date _____

Full Name of Candidate _____ Sex _____

Residence _____ Age _____

Date of Birth _____ Place of Birth _____

Phone Number _____ Email _____

Father's Full Name _____

Father's Religious Affiliation _____

Mother's Full Maiden Name _____

Mother's Religious Affiliation _____

Parents' Residence _____

Full Christian Names of Witnesses or Sponsors:

1. _____

Address _____

Religious Affiliation _____

2. _____

Address _____

Religious Affiliation _____

3. _____

Address _____

Religious Affiliation _____

To be filled out by officiant:

Date and Time of Baptism _____

Place of Baptism _____

Officiant _____

Please fill this form out completely and return to the Church office at least one week prior to the baptism date.
Updated 10.26.2011