



HOLY BAPTISM OF A CHILD

Please Type or Write Clearly

Proposed Date of Baptism _____ Service Time _____

Full Name of Child to Be Baptized _____

Biological Sex _____

Date of Birth _____ Place of Birth _____

Parent Information

Please give contact information for one or both parents.

Street Address _____

City, State, Zip _____

Phone _____ Email _____

Parent's Full Name _____

Are you a member of St. Andrew's Episcopal Church? (please circle) Yes / No

If not, where are you a member? _____

Parent's Full Name _____

Are you a member of St. Andrew's Episcopal Church? (please circle) Yes / No

If not, where are you a member? _____

Godparents' Full Names

How may St. Andrew's support your family as you raise your child in the years ahead? _____
