



Application for Holy Baptism

Requested Date of Baptism _____ Service Time: _____

(Please note that the date is at the discretion of the priest and in accordance with the liturgical calendar.)

Full Name of Candidate _____

Gender _____ Date of Birth _____ City/State of Birth _____

Full Names & religious affiliation of parents (include maiden name where applicable)

A) _____

Phone _____ Email _____

B) _____

Phone _____ Email _____

Address(es) of Parents

A) _____

B) _____

Godparents/Sponsor Names
