



SAINT JAMES EPISCOPAL CHURCH APPLICATION FOR HOLY BAPTISM

Date of Application _____ mm/dd/yyyy

PLEASE PRINT

Requested Date of Baptism _____ mm/dd/yyyy

Full Name of Person to be Baptized _____

Address _____ City _____ State _____

Date of Birth _____ Place of Birth _____

Age on Date of Baptism _____ Sex of Person Baptized M F _____

Father's Full Name _____

Mother's Full Name _____

Telephone (____) _____ Land line Cellphone

Email address _____ Father or Mother

Parent's Residence (if different than above)

Witnesses or Godparents or Sponsors (First M.I. Last)

Name _____

Name _____

Name _____

I desire to be baptized/We wish our child to be baptized because

Signed _____ Father.

_____ Mother