

Holy Trinity Episcopal Church

Request for Holy Baptism

DATE APPLIED _____

(Must be received by church office at least 2 weeks prior to baptism date.)

CANDIDATE: Name _____ Age _____

Gender _____ Date of Birth _____ Place of Birth _____

MOTHER: Name *(First – Maiden – Married if applicable)* _____

Faith Tradition / Religion _____ Baptized? Y / N

Address & Phone *(if Candidate is a minor)* _____

FATHER: Full Name _____

Faith Tradition / Religion _____ Baptized? Y / N

Address & Phone *(if Candidate is a minor)* _____

CANDIDATE *(if not a minor)* : Address _____

_____ Email _____

Home Phone _____ Cell Phone _____

SPONSORS

NAME _____ **ADDRESSES** _____ **BAPTIZED?**

Y / N

_____ Y / N

QUESTIONS / COMMENTS

OFFICE USE ONLY

DATE OF BAPTISM _____

TIME OF BAPTISM _____

OFFICIANT _____