



St Mark's  
Episcopal Church

NEW CANAAN, CONNECTICUT

Date of Application: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

### HOLY BAPTISM INFORMATION – ADULT

Candidate's Full Name: \_\_\_\_\_ (M or F)

Candidate's Date of Birth: \_\_\_\_\_

Candidate's Place of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

\_\_\_\_\_

Residence Telephone: \_\_\_\_\_

Parent 1 Full Name: \_\_\_\_\_

Parent 1 Religious Affiliation: \_\_\_\_\_

Parent 2 Full Name: \_\_\_\_\_

Parent 2 Religious Affiliation: \_\_\_\_\_

#### Sponsors/Godparents:

1. Name: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Note:

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