



St Mark's
Episcopal Church
NEW CANAAN, CONNECTICUT

Date of Application: _____

Date of Baptism: _____

HOLY BAPTISM INFORMATION – CHILD

Child:

Child's Full Name: _____ (M or F)

Child's Date of Birth: _____

Child's Place of Birth: _____

Parents:

Parent 1 Full Name: _____

Parent 1 Religious Affiliation: _____

Residence Address: _____

Parent 2 Full Name _____

Parent 2 Religious Affiliation: _____

Residence Address: _____

(If different than above)

Residence Telephone: _____

Parent 1 Cell Phone: _____

Parent 1 Email address: _____

Parent 2 Cell Phone: _____

Parent 2 Email address: _____

Other Children:

Name	Date of Birth	If baptized, please list date/place
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sponsors/Godparents:

1. Name: _____ Religious Affiliation: _____

Address: _____

2. Name: _____ Religious Affiliation: _____

Address: _____

3. Name: _____ Religious Affiliation: _____

Address: _____

4. Name: _____ Religious Affiliation: _____

Address: _____