



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: \_\_\_\_\_

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

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

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

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
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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**Sponsors/Godparents:**

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

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

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

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

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

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



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: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Father's Religious Affiliation: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Mother's Religious Affiliation: \_\_\_\_\_

#### Sponsors/Godparents:

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

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

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

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

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

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

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