



All Saints Episcopal Church

Baptism Information (complete on form for each candidate)

Name of Candidate (first, middle, last): _____

Sex: M _____ F _____ Date of Birth: _____

Birth Place: (city) _____ (state) _____

Home address: _____

City/State/ZIP: _____

Phone: _____ Email: _____

Mother's Name (first, middle, last): _____

Baptized: Y _____ N _____ Church affiliation: _____

Father's Name (first, middle, last): _____

Baptized: Y _____ N _____ Church affiliation: _____

Baptismal Sponsors

1. NAME: _____

ADDRESS: _____

CHURCH AFFILIATION: _____

2. NAME: _____

ADDRESS: _____

CHURCH AFFILIATION: _____

3. NAME: _____

ADDRESS: _____

CHURCH AFFILIATION: _____

Baptism Date: _____ Officiant: _____