

Holy Baptism Information
St. Andrew's Episcopal Church

Date: _____

Full Name _____

Sex _____

Address _____

Age _____

Telephone _____ Email _____

Date of Birth _____

Place of Birth _____

Father's Full Name _____

Mother's Full Name _____

Parent's Residence (If different) _____

Officiant _____

Sponsors or Godparents:

1. Name _____ Relationship _____

2. Name _____ Relationship _____

3. Name _____ Relationship _____

Please return this form to the office at least a week before the baptism.