

**All Saints' Memorial Church
Baptism Information Sheet**

Candidate's Full Name:

Date of Birth:

**Place of Birth:
(Hospital Name and City)**

**Mother Full Name:
(including Maiden Name)**

Father's Full Name:

Address:

Contact Phone Number:

Email Address:

First Godparent's Name:

Second Godparent's Name:

Requested Date of Baptism:

Requested Service Time:

Pastor's Okay:

**Meeting with Pastor
(if requested.)**

***Sponsors must be baptized Christians. (Not necessarily Episcopalians.)**

If you have any questions, please contact the Parish Office at
732-291-0214 or office@allsaintsnavesink.org.

Please mail the completed form to:
All Saints' Church
P.O. Box 326
Navesink, NJ 07752