

Holy Baptism

Use this form to request a Baptism

Date of Application: _____

Name of person to be baptized: _____ Sex: _____

Residence: _____ Age: _____

Date of Birth: _____ Place of Birth: _____

Father's Full Name: _____

Mother's Maiden Name: _____

Parents' Residence: _____

Religious Affiliation of Parents: _____

Witnesses or Sponsors:

1. _____

Residence: _____

2. _____

Residence: _____

3. _____

Residence: _____

Date of Baptism: _____ Hour: _____

Place of Baptism: _____

Officiant: _____