

**Information Form for
HOLY BAPTISM
At Saint Peter's Anglican Church**



For the baptism of a child:

Full name of Candidate _____ Sex _____ Age _____

Residence _____

_____ Zip Code _____

Father's Full Name _____

Mother's Full Maiden Name _____

Parents' Residence (If different from above) _____

_____ Zip Code _____

Parents' Phone: Home _____ His Work _____ His Cell _____

E-Mail Address _____ Her Work _____ Her Cell _____

Are parents members of St. Peter's? _____ Are they actively involved in the life of the church? (I.e. Sunday worship, Bible study, uses spiritual gifts for service in the church, etc.)

Child's date of birth _____ Place of birth _____
City _____ State _____

Desired Date of Baptism _____ Hour (9:00am, 11:15am) _____

Full Names of All Sponsors/Godparents:

For Office Use Only

Banner _____ Parish Register _____ Certificate _____ Godparent _____

Conference Letter _____ Computer _____ Mileposts _____ Rector's Approval _____