



# Baptism Application Form

Date of Application: \_\_\_\_\_

**Full Name of Baptismal Candidate:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**House Number**                      **Street Name**                                      **City**                                      **State**                                      **Zip Code**

DOB: \_\_\_\_\_ City Born: \_\_\_\_\_ State: \_\_\_\_\_

**First Parent's Full Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address, if different:** \_\_\_\_\_

**House Number**                      **Street Name**                                      **City**                                      **State**                                      **Zip Code**

Email Address: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

**Second Parent's Full Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address, if different:** \_\_\_\_\_

**House Number**                      **Street Name**                                      **City**                                      **State**                                      **Zip Code**

Email Address: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

## Witnesses or Sponsors

**Full Name:** \_\_\_\_\_ **Religious Affiliation:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Religious Affiliation:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Religious Affiliation:** \_\_\_\_\_

## FOR OFFICE USE ONLY:

**Scheduled Date/Time:** \_\_\_\_\_ **Clergy:** \_\_\_\_\_