



ST. PAUL'S
ANGLICAN

Baptism Request Form

Date of Application: _____

Full Name: _____

Gender: _____ Age: _____

Address: _____

Date of Birth: _____

Place of Birth: _____

Father's Full Name: _____

Mother's Full (Maiden) Name: _____

Parents' Address: _____

Parents' Phone: _____

Requested Date of Baptism:

Preferred Service Time: 7:45 am CB 9:00 am CB 10:30 am DH

Will you have sponsors or godparents? **Yes** **No** If Yes:

Name: _____

Address: _____

Phone _____

Name: _____

Address: _____

Phone _____

Name: _____

Address: _____

Phone _____