



ST. PAUL'S  
ANGLICAN

## Baptism Request Form

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

Full Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ (city, state)

Father's Full Name: \_\_\_\_\_

Mother's Full (Maiden) Name: \_\_\_\_\_

Parents' Address:  
\_\_\_\_\_  
\_\_\_\_\_

Parents' Phone: \_\_\_\_\_

Requested Date of Baptism: \_\_\_\_\_

Preferred Service Time: 7:45 am CB 10:15 am CB 10:15 am DH  
6:30pm Easter Vigil April 3, 2021 CB

Names of sponsors or godparents?

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_