



# St. David's Episcopal Church and School Baptism Form

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

Service Time: \_\_\_\_ 9:00 \_\_\_\_ 11:00

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

Birthdate: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

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

\_\_\_\_\_

If a minor:

Parent Names: \_\_\_\_\_

Parent 1 Cell Phone and Email: \_\_\_\_\_

Parent 1: \_\_\_\_ Baptized? \_\_\_\_ Confirmed? Birth Religion: \_\_\_\_\_

Parent 2 Cell Phone and Email: \_\_\_\_\_

Parent 2: \_\_\_\_ Baptized? \_\_\_\_ Confirmed? Birth Religion: \_\_\_\_\_

Members of St. David's since: \_\_\_\_\_

Godparent(s) 1 Name: \_\_\_\_\_ Baptized? Y/N

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

\_\_\_\_\_

Godparent(s) 2 Name: \_\_\_\_\_ Baptized? Y/N

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

\_\_\_\_\_

Godparent(s) 3 Name: \_\_\_\_\_ Baptized? Y/N

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

\_\_\_\_\_