Information Form for Holy Baptism

Date of Application _____ ,20 ____

Full Name _____
First Middle Last Maiden

Address _____
House Number, Street Address City State Zip Code

Telephone _____ Work Number _____

Father's Full Name _____
First Middle Last

Mother's Full Name _____
First Middle Last Maiden

Parents Residence (if different from above) _____

Parents Residence (if different from above) _____

Religious Affiliation of Father _____ Mother _____

Date of Birth _____ Age _____
Month Day Year

Place of Birth _____

Names and Address for Witnesses or Sponsors

1. _____

2. _____

3. _____

Date of Baptism _____ Hour _____

Place of Baptism (unless otherwise noted)

St. Paul's Episcopal Church
261 South 900 East
Salt Lake City, UT 84102

Clergy _____

Other Remarks: