



Emmanuel Episcopal Church

Baptism Information Form

Today's Date: _____

Full Name: _____

Sex: _____

Address: _____

Age: _____

Date of Birth: _____

Place of Birth: _____

Father's Full Name: _____

Mother's Full Name: _____

Parents' Residence (if different): _____

Telephone: _____

Religious Affiliation of Parents: _____

Godparents or Witnesses

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Date of Baptism: _____

Place of Baptism: Emmanuel Episcopal Church

Officiant: _____