



St. John's Episcopal Church

Baptism Information Form

(Please print clearly)

Today's Date: _____

Date of Baptism: _____

Child's Full Name: _____

Street Address, City, Zip: _____

Phone: _____

Date of Birth: _____

Place of Birth: _____

Father's Name: _____ Mother's Name: _____

Address Information (if different) _____

Father's Date of Baptism: _____ Place: _____

Mother's Date of Baptism: _____ Place: _____

Religious Affiliation: _____

Sponsor/Godparent: _____ Sponsor/Godparent: _____

Address: _____ Address: _____

Baptized? Yes _____ No _____

Baptized? Yes _____ No _____

Church: _____ Church: _____

Why do you want your child baptized at St. John's? _____

How will you develop and support the religious education of your child? _____

How will you commit to the spiritual life of St. John's congregation? _____