Application for Holy Baptism
Trinity Episcopal Church

Date of Application: _____

Applicant's Full Name: _____
First Middle Last

Date of Birth: _____

Place of Birth: _____

Residence of Applicant: _____
_____
_____

Father's Full Name: _____

Mother's Full Name: _____

Parent's Residence: _____
_____

Parent's Telephone: _____

Sponsors Names and Addresses:

1. _____
_____
_____

2. _____
_____
_____

3. _____
_____
_____

Date of Baptism: _____ Hour _____

Place of Baptism: _____

Officiant: _____