

Christ Episcopal Church – Holy Baptism Information Sheet

(Please print clearly)

Child's Full Name: _____

Child's Birth date: (MM/DD/YYYY)_____

Location of Birth:_____

Date of Holy Baptism: (MM/DD/YYYY)_____

Parent's Full Name: (include maiden)_____

Parents Date of Birth: _____ Parent's Profession: _____

Parent's Full Name:(include maiden)_____

Parents Birth Date: _____ Parent's Profession: _____

Family's Address: _____

Home Phone # _____ Cell Phone # _____

Email
address: _____

Sponsor/God-parent Information

Sponsors Name: _____

Sponsors Address: _____
(street, city, zip)

Sponsors Name: _____

Sponsors Address: _____
(street, city, zip)