



HOLY BAPTISM OF A CHILD

PLEASE WRITE CLEARLY USING CAPITALS

Proposed date to be Baptized _____ Service Time _____

Full Name of Child to be Baptized _____

Gender _____

Date of Birth _____

Place of Birth _____

PARENT'S INFORMATION

Street Address _____

City/State/Zip _____

Phone _____ e-mail _____

Mother's Full Name _____

Are you a member of Saint John's Cathedral? (*please circle*) Yes / No

If not, where are you a member? _____

Father's Full Name _____

Are you a member of Saint John's Cathedral? (*please circle*) Yes / No

If not, where are you a member? _____

Godparent's / Sponsors' Full Names
