



Holy Trinity Episcopal Church

CHILD BAPTISM INFORMATION FORM

Baptismal Date _____ Time _____ Location: Church / Chapel

Clergy _____

The Candidate

Full Name _____ Male / Female

Birthplace _____ Date of Birth _____
(Please include City, State, and Country)

The Candidate's Parents

Father's Full Name _____

Address _____

Home Phone _____ Cell Phone _____ E-mail _____

Religious Affiliation of Father _____ Church Name _____

Mother's Full Name _____

Address _____

Home Phone _____ Cell Phone _____ E-mail _____

Religious Affiliation of Mother _____ Church Name _____

Sponsors / Godparents

Full Name _____ Religious Affiliation _____

Address _____

Full Name _____ Religious Affiliation _____

Address _____

Full Name _____ Religious Affiliation _____

Address _____