



# Holy Trinity Episcopal Church

## ADULT 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)

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### The Candidate's Parents

Father's Full Name \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

### Sponsors / Godparents

Full Name \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

Address \_\_\_\_\_

Full Name \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

Address \_\_\_\_\_

Full Name \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

Address \_\_\_\_\_