

# Baptism Information Form

Applic. Date:

## Candidate

Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last

Sex:

<input type="text"/>
M/F

Date of Birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

<input type="text"/>
Age

Place of Birth:

<input type="text"/>	<input type="text"/>
City	State

Home Address:

<input type="text"/>		
Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip

<input type="text"/>
Apt. No.

## Parents

Name #1:

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last

<input type="text"/>
Religious Affiliation

Name #2:

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last

<input type="text"/>
Religious Affiliation

Home Address:

*If different from above.*

<input type="text"/>		
Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip

<input type="text"/>
Apt. No.

Contact Info:

<input type="text"/>	<input type="text"/>
Telephone	Email Address

## Godparents/Sponsors

Name #1:

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last

<input type="text"/>
Religious Affiliation

Home Address:

<input type="text"/>		
Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip

<input type="text"/>
Apt. No.

Name 2:

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last

<input type="text"/>
Religious Affiliation

Home Address:

<input type="text"/>		
Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip

<input type="text"/>
Apt. No.

Name 3:

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last

<input type="text"/>
Religious Affiliation

Home Address:

<input type="text"/>		
Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip

<input type="text"/>
Apt. No.

Preferred Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

<input type="text"/>
Service Time

No. Guests:

<input type="text"/>	<input type="text"/>
Adults	Children