



Baptism Information Sheet

Please return this form to the Director of Communications.

Date of Application			
Full Name – please print (Last, First, Middle)			
Address			
Gender			
Date of Birth			
Place of Birth			
Father’s Full Name			
Father’s Address			
Father’s Cell Phone			
Father’s Email Address			
Mother’s Full Name			
Mother’s Address (if different)			
Mother’s Cell Phone			
Mother’s Email Address			
Godparent(s)/Sponsor(s):	1	Name	
		Address	
	2	Name	
		Address	
	3	Name	
		Address	
	4	Name	
		Address	

Upon receipt of completed form, the Director of Communications will immediately:	
1. Provide a copy to all clergy.	4. Notify the Head of the LEMs.
2. Provide a copy to the Directress of Altar Guild.	5. Notify baptism ministry head.
3. Notify the Head of Vergers.	6. Notify banner ministry head.

For Office Use Only	
Date of Baptism	
Hour	
Place of Baptism	
Officiant	
Date Entered In Church Register	
Date Entered In ACS	