

INFANT/CHILD BAPTISM APPLICATION

Date of Application _____
Proposed Date of Baptism _____ Proposed Time _____
Chapel: _____ Church: _____
Full Name _____
Age _____ Sex _____ Date of Birth _____
Place of Birth _____
Father's Full Name _____
Father's Address _____
Father's Church Affiliation _____
Mother's Full Name _____
Mother's Address _____
Mother's Church Affiliation _____
Father's/Mother's Telephone - Home _____ Work _____
Church parent(s) now attend _____
How long have you attended? _____

Why do you wish to be Baptized at St. Edmund's? _____

Have you had other children Baptized at St. Edmund's? _____ If YES, please give names and dates

Other Relevant Family Information

Please list your infant's proposed Godparents:

1.
Name _____
Address _____
Church Affiliation _____

2.
Name _____
Address _____
Church Affiliation _____

3.
Name _____
Address _____
Church Affiliation _____

Other Information
