

**St. Philip's Episcopal Parish  
Holy Baptism Information Form**

*(This form may also be submitted online via our website, [www.stphilipslaurel.org](http://www.stphilipslaurel.org))*

(Please Print Clearly)

Full Name of Candidate \_\_\_\_\_ Sex \_\_\_\_\_

Birth Date \_\_\_\_\_ Place of Birth (City, State) \_\_\_\_\_

Home Address \_\_\_\_\_

Church affiliation/membership \_\_\_\_\_

Home Phone (including area code) \_\_\_\_\_

**Parents' contact information**

Parent 1 full name \_\_\_\_\_

Email \_\_\_\_\_ cell phone \_\_\_\_\_ home/office phone \_\_\_\_\_

Church affiliation/membership \_\_\_\_\_

Parent 2 full name \_\_\_\_\_

(please include maiden name/s if applicable)

Email \_\_\_\_\_ cell phone \_\_\_\_\_ home/office phone \_\_\_\_\_

Church affiliation/membership \_\_\_\_\_

**Sponsors** (for all candidates):

1. Name \_\_\_\_\_ Church \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Church \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_ Church \_\_\_\_\_

Address \_\_\_\_\_

4. Name \_\_\_\_\_ Church \_\_\_\_\_

Address \_\_\_\_\_

**Requested Date/Time of Baptismal Service:**

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_

**You MUST return this form to the church office in order to be scheduled.**

The office will contact you to confirm the date and time.

\*\*\* OFFICE USE ONLY\*\*\*\*\*

Officiate \_\_\_\_\_ Date(s) of instruction \_\_\_\_\_

Location of Baptism \_\_\_\_\_