



Saint Paul's Episcopal Church

Date of Application _____

Full LEGAL Name of Person to be Baptized

First Middle Last

Age _____ Sex: M / F Phone (_____) _____ - _____

Address _____
Street City State Zip

Date of Birth ____/____/____ Place of Birth _____
Month Day Year City State

Date of Proposed Baptism ____/____/____
Month Day Year

Father's Information : _____
First Middle Last

Address _____
Street City State Zip

Phone Number _____
Home Cell Work

Religious Affiliation: _____ Member of St. Paul's? Yes / N

Mother's Information: _____
First Middle Last

Address _____
Street City State Zip

Phone Number _____
Home Cell Work

Religious Affiliation: _____ Member of St. Paul's? Yes / No

Godparent or Sponsor Information

First Middle Last

Address _____
Street City State Zip

Phone Number _____
Home Cell Work

First Middle Last

Address _____
Street City State Zip

Phone Number _____
Home Cell Work

First Middle Last

Address _____
Street City State Zip

Phone Number _____
Home Cell Work

Thank you!

Please returned completed form to the Secretary at least three (3) weeks before the proposed Baptism.

P. O. Box 1924 Greenville NC 27834 | p: (252) 752-3482 f: (252) 830-0229 | office@stpaulsepiscopal.com