

APPLICATION FOR HOLY BAPTISM

St. Peter's Episcopal Church

Date of Application _____

Full Name of Baptismal Candidate _____

Address of Baptismal Candidate _____

Candidate's Date of Birth _____

Candidate's Place of Birth _____

If candidate is not an adult:

Parent or Guardian Full Name(s)

Member of Church

1. _____

Yes No

2. _____

Yes No

Contact Information for Candidate/Parent/Guardian

Home: _____

Work: _____

Cell: _____

Email: _____

Statement of Commitment *(to be completed upon application by the Candidate or Parent(s)/Guardian(s))*

I desire to be baptized/we desire that this child be baptized because

Signed _____