

Information for Holy Baptism

Candidate's Full Name:

___ Dr. ___ Mr. ___ Mrs. _____ ("Goes By") _____

Candidate's Date of Birth: ___/___/___ City of Birth: _____

Male: _____ Female: _____

Parents:

Father's Full Name: ___ Dr. ___ Mr. _____ "Goes By" _____

Date of Birth ___/___/___ Email: _____ Preferred phone _____

Mother's Given Name, Maiden Name, Last Name:

___ Dr. ___ Ms. ___ Mrs. _____ "Goes By" _____

Date of Birth ___/___/___ Email: _____ Preferred phone _____

Address: _____

City: _____ State: _____ Zip: _____

Would you like to become members of SJD? _____

Information on Siblings:

Name: _____ Age: _____ Date of Baptism: _____

Name: _____ Age: _____ Date of Baptism: _____

Information on Godparents (for certificate):

1. Full Name: _____

2. Full Name: _____

3. Full Name: _____

Information on Baptism:

Date: ___/___/___ Church ___ Chapel ___ HLC ___ Time: _____

Officiant: _____

Estimated # of guests attending the baptism: _