

APPLICATION FOR HOLY BAPTISM

ST. COLUMBA'S EPISCOPAL CHURCH
WASHINGTON, DC

(Form must be returned six weeks before date of baptism)

Baptism date & time requested: _____

(Check one:) Nave /Time _____ GH/Time _____

Candidate's full name: _____

Address: _____

Email: _____

Birth date: _____ Age: _____ Sex: _____

City, state & country of birth: _____

Parents' full names for recording purposes (Please use mother's maiden name):

Mother: _____ Father: _____

• *If candidate is a child:*

Mother's phone: (h) _____ (w) _____

Father's phone: (h) _____ (w) _____

Mother's religious affiliation: _____

Father's religious affiliation: _____

• *If candidate is an adult, phone numbers:* (h) _____ (w) _____

Sponsors (God parents):

1. Name: _____

Address: _____

Religious Affiliation: _____

2. Name: _____

Address: _____

Religious Affiliation: _____

3. Name: _____

Address: _____

Religious Affiliation: _____