

# HOLY BAPTISM FORM

ST. MARY'S EPISCOPAL CHURCH

Today's Date: \_\_\_\_\_

Baptismal Candidate Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_  
First Middle Last

Mother's Full Name: \_\_\_\_\_  
First Middle Last

Religious Affiliation of Parents: Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Sponsor's Names/Residence: 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Preferred Date of Baptism: \_\_\_\_\_

Place of Baptism: St. Mary's Episcopal Church  
428 Park Ave. Laguna Beach, CA 92651  
(949) 494-3542  
parishoffice@stmaryslb.org

