



ST. PHILIP'S EPISCOPAL CHURCH

Holy Baptism

Date of Application: _____

Full Name: _____ Sex _____

Address: _____ Age _____

Date of Birth: _____ Place of Birth: _____

Father's Full Name: _____

Religious Affiliation of Father: _____

Mother's Full Name: _____

Religious Affiliation of Mother: _____

Parents' Residence (if different): _____

Mother's Phone Number: _____ Email: _____

Father's Phone Number: _____ Email: _____

WITNESSES OR GODPARENTS

1. Name: _____

Address: _____

2. Name: _____

Address: _____

3. Name: _____

Address: _____

FOR OFFICE USE ONLY

Date of Baptism: _____ Service: _____ at

St. Philip's Episcopal Church Richmond, Virginia.

Officiant _____