

St. Stephen's Episcopal Church  
**APPLICATION FOR THE SACRAMENT OF HOLY BAPTISM**

Date of Application \_\_\_\_\_

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Place of Birth \_\_\_\_\_ Gender: M F

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

First Parent's Name\* \_\_\_\_\_

Second Parent's Name \_\_\_\_\_

*\* Please include maiden name for our records*

**Witness (Godparents) or Sponsors**

*(Two is standard, more are welcome)*

1. Name \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date of Baptism \_\_\_\_\_

Place of Baptism \_\_\_\_\_

Officiant \_\_\_\_\_

