



Form for Holy Baptism

Today's Date: _____

Full Name of the Candidate for Baptism: _____

Parent(s) Name(s) for children only: _____

Candidate's Address: _____

Contact Phone Number: _____ Email: _____

Date of Birth: _____ Place of Birth: _____

Names of Godparent(s):

For Office Use:

Date Form Received: _____

Date of Baptism: _____

Baptismal Officiant: _____

Certificate Completed and given to Candidate/Parent: _____