

HOLY BAPTISM
St. Gabriel the Archangel Episcopal Church
Information Sheet (please print or type in information)

Date of Baptism _____
Hour of Service _____

Officiant _____

Full Name of Person to be Baptized _____
Sex _____

Date of Birth _____ **Place of Birth** _____

Father's Full Name _____

Mother's Full Name _____

Parent's Address (not necessary for adult baptism):

Parent's Phone Number _____

Religious Affiliation of Parents _____

Sponsors or Witnesses

1. Name _____

Address: _____

2. Name _____

Address: _____

3. Name _____

Address: _____

Number of people you expect at the service? _____

*Please provide all names exactly as they should appear on the baptismal and sponsor certificate.
Please also provide any additional information you need us to know on the reverse.
Thank you for the privilege of welcoming your candidate into our Christian family!*