

HOLY BAPTISM

Information Form

Full Name of Candidate: _____ Sex: ____

Birth Date _____ Birth Place _____

Father's Full Name _____ Church _____

Mother's Full Name _____ Church _____
(including Maiden name)

Home Address _____

Phone: _____

Sponsors:

1. Name _____ Church _____

Home address _____

2. Name _____ Church _____

Home address _____

3. Name _____ Church _____

Home address _____

----- (For office use only) -----

Date of Baptism

_____ Time _____

Place _____

Date of Instruction _____ Time _____

Place _____

Officiant _____

Mail to: Trinity Episcopal Church- P.O. Box 127 – Upperville, VA 20185

Fax to: 540-592-3408

Email: betsy@trinityupperville.org