

Application for  
**HOLY BAPTISM**

Date of Application \_\_\_\_\_ 20 \_\_\_\_\_

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

Address \_\_\_\_\_ Age \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Parents' Address \_\_\_\_\_

Parents' Telephone \_\_\_\_\_

Primary Email \_\_\_\_\_

Religious Affiliation of Parents \_\_\_\_\_

Witnesses or Sponsors: \_\_\_\_\_

Address \_\_\_\_\_

Witnesses or Sponsors: \_\_\_\_\_

Address \_\_\_\_\_

Witnesses or Sponsors: \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth of Candidate \_\_\_\_\_

Place of Birth \_\_\_\_\_

Place of Baptism **Church of the Good Shepherd** \_\_\_\_\_

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

Please fill in all spaces completely and **print**. For any questions, please call the church office at 746-4674. Completed forms may be faxed to 561-746-3463, emailed to mail@goodsheponline.org, or mailed to The Episcopal Church of the Good Shepherd, 400 Seabrook Road, Tequesta, FL 33410, Attn: Merike Seely.

**Office Use:**

Officiant \_\_\_\_\_

Pre-baptismal Meeting Date & Time \_\_\_\_\_

Scheduled \_\_\_\_\_ Altar Guild Notified \_\_\_\_\_ FC Yes No (circle one) Sch. Confirmed Date \_\_\_\_\_