

ST. FRANCIS EPISCOPAL CHURCH,
PALOS VERDES ESTATES CA

REGISTRATION FOR HOLY BAPTISM

Please complete one form per baptismal candidate.

The form must be completed and received in the Church Office at least one month before the baptism.

Today's date: _____ Date of baptism: _____

Baptismal Candidate -

Full name of candidate: _____
Last Middle First

Sex: ____ Age: ____

Date of Birth: _____ Place of Birth: _____

Parents -

Father's full name: _____
Last Middle First

Father's Address: _____

Father's Telephone: _____

Mother's full name: _____
Last Middle First

Mother's Address (if different): _____

Mother's Telephone (if different): _____

Godparents or Sponsors (must be baptized) -

1) Full name: _____

Address: _____

Phone: _____

2) Full name: _____

Address: _____

Phone: _____

Grandparents (if they will be present at the baptism)

1) Full name: _____

Address: _____

Phone: _____

REGISTRATION FOR HOLY BAPTISM, PAGE 2

Grandparents (if they will be present at the baptism), continued

2) Full name: _____

Address: _____

Phone: _____

3) Full name: _____

Address: _____

Phone: _____

4) Full name: _____

Address: _____

Phone: _____