



HOLY BAPTISM

Date of Application: _____

Full Name: _____ Sex: _____

Address: _____ Age: _____

Father's Full Name: _____

Mother's Maiden Name: _____

Parents' Address: _____

Telephone: _____

Email (s): _____

Religious Affiliation of Father: _____

Mother: _____

~~~~~Witness or Sponsors~~~~~

1. Name: _____

Address: _____

2. Name: _____

Address: _____

3. Name: _____

Address: _____

Date of Birth: _____

Place of Birth: _____

Date of Baptism: _____

Place of Baptism: Trinity Episcopal Church, Fishkill

Hour: 10 AM

Officiant: The Rev. Jean Campbell, Rector