

The Episcopal Church of St. Peter by-the-Lake
Holy Baptism

Date of Application _____

Full Name _____

Residence _____

Father's Full Name _____

Mother's Maiden Name _____

Parent's Telephone _____

Religious Affiliation of Parents _____

Witnesses/Godparents/Sponsors:

1. _____

Residence _____

2. _____

Residence _____

3. _____

Residence _____

Date of Birth: _____ Place of Birth: _____

Date of Baptism: _____ Hour: _____

Place of Baptism: _____

Officiant: _____