## TRINITY EPISCOPAL CHURCH **HOLY BAPTISM** INFORMATION FORM

Date of Birth	(First, Middle, Last) Sex: M F
Place of Birth	
Phone Number (for adult	(City, State, Country) ts only)
Address (for adults only)	
Parents: Father's Name	
	(First, Middle, Last)
	(First, Middle, [Maiden], Last)
Religious Affiliation	
	y) Telephone
Godparents: (Please give	e Christian <u>and</u> married names)
	(First, Middle, [Maiden], Last)
Address	
2) Name	
2) Name	(First, Middle, [Maiden], Last)
2) Name  Address  3) Name	(First, Middle, [Maiden], Last)  (First, Middle, [Maiden], Last)
2) Name  Address  3) Name  Address  Parish Sponsor(s): (Plea	(First, Middle, [Maiden], Last)  (First, Middle, [Maiden], Last)  se give Christian and married names)
2) Name Address  3) Name Address  Parish Sponsor(s): (Plea  1) Name	(First, Middle, [Maiden], Last)  (First, Middle, [Maiden], Last)  se give Christian and married names)

November 1, 2020, 9:15 am (Please Circle One)

Child Care is not offered during classes. You are welcome to bring your children with you.

PLEASE FILL IN AND RETURN THIS INFORMATION FORM AS SOON AS POSSIBLE. CALL THE CHURCH OFFICE (540-373-2996) IF YOU HAVE ANY QUESTIONS.