



The
Cathedral
Church
of Saint John
the Divine

1047 Amsterdam Ave.
at 112th Street
New York, New York
10025

APPLICATION FOR BAPTISM

Date of Application: _____

Requested Date of Baptism: _____

PLEASE PRINT CLEARLY AND SIMPLY. Include full name (first, middle and last) and maiden name (before marriage) where the form indicates. Thank You!

Full Name _____ Sex _____ Age _____

Address _____

Telephone: Daytime _____ Evening _____

Date of Birth _____ Birthplace (City) _____

Father's Full Name _____

Mother's Full Maiden Name _____

Religious Affiliation: Father _____ Mother _____

Parents' Residence _____

Parents' Telephone: Daytime _____ Evening _____

Sponsors/Godparents

1. Name _____

Address _____

2. Name _____

Address _____

3. Name _____

Address _____