Saint Bartholomew's Episcopal Church

1790 LaVista Road, N.E. Atlanta, GA 30329-3604

Phone: 404-634-3336 | Fax 404-634-0505

Holy Baptism Information Form Please return this form to the Parish Administrator

| | | 1 | | |
|---------------------------|---------------------------|-----------------------|------------------------|--|
| Date of Application | | | | |
| Name of Baptismal Cand | idate | | | |
| Age | | | | |
| Sex | | | | |
| Date of Birth | | | | |
| Place of Birth | | | | |
| | | • | | |
| Parent's Full Name | | | | |
| Parent's Full Name | | | | |
| Mother's Maiden Name | | | | |
| Parent's Address | | | | |
| Religious Affiliation | | | | |
| Home Telephone | | | | |
| Work Telephone | 1. | | 2. | |
| Email Address | 1. | | 2. | |
| | | | | |
| Sponsors | 1. | | | |
| Sponsors | 2. | | | |
| | 3. | | | |
| _ |] 3. | | | |
| | | | | |
| | | | | |
| To be completed by office | | | | |
| Officiant | | | | |
| Date of Service | | | | |
| Copy of form provid | Copy of form provided to: | | ρ Membership Secretary | |
| | | ρ Pastor for Adult Ed | | |

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