

# St. Peter's Episcopal Church

## Baptismal Information Form

PERSONAL INFORMATION	
Family Surname:	Date of Baptism: <span style="float: right;">Time:</span>
Address:	
City/State/Zip	
Baptismal Candidate's Full Name:	
Place of Birth:	Date of Birth:
SPONSORS	
Name:	Baptized: Yes <span style="margin-left: 20px;">No</span>
Address:	
Church/Parish to which he/she belongs:	
Name:	Baptized: Yes <span style="margin-left: 20px;">No</span>
Address:	
Church/Parish to which he/she belongs:	
Name:	Baptized: Yes <span style="margin-left: 20px;">No</span>
Address:	
Church/Parish to which he/she belongs:	
Name:	Baptized: Yes <span style="margin-left: 20px;">No</span>
Address:	
Church/Parish to which he/she belongs:	