

Baptismal Information Form
Holy Innocents' Episcopal Church
Atlanta, Georgia

Candidate's (child's) name: _____
(first) (middle) (last)

Date of Birth: _____ Gender: Male Female

City and State of Birth: _____

Father's Full Name: _____
(first) (middle) (last) (suffix)

Mother's Full Name: _____
(first) (middle) (last)

Church Members: ____ Yes ____ No

Home Address: _____
(street)

_____ (city) (state) (zip)

Email address: _____

Home Phone: _____ Cell Phone: _____

Godparents or Sponsors (full names):

Date of Baptism: _____

Place of Baptism: Holy Innocents' Episcopal Church

Date of Instruction: _____

Officiating Priest: _____

For Office Use Only:

Date parents notified of instruction: _____ Date banner ordered: _____
Copies to (date) _____ Clergy _____ Baptism Committee _____