

# Holy Baptism

Christ Episcopal Church  
320 Pollock Street • PO Box 1246 New Bern, NC 28563  
252-633-2109 • fax 252-514-4013

*Baptisms are most appropriate at a regularly-scheduled Sunday service. Before completing this form, please consult with a member of the clergy about the date and time you most prefer for Baptism. Please note that we do not have Baptism during the season of Lent.*

Date of Request \_\_\_\_/\_\_\_\_/\_\_\_\_

Full name of person being baptized \_\_\_\_\_  
First Middle Last

Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month Day Year City State

Date of Baptism \_\_\_\_/\_\_\_\_/\_\_\_\_ Service Time \_\_\_\_\_

## Father's Information

Full Name \_\_\_\_\_ Religious Affiliation \_\_\_\_\_  
First Middle Last

Address (if different from above) \_\_\_\_\_

Phone Numbers \_\_\_\_\_  
Home Cell

## Mother's Information

Full Name \_\_\_\_\_ Religious Affiliation \_\_\_\_\_  
First Middle Last

Address (if different from above) \_\_\_\_\_

Phone Numbers \_\_\_\_\_  
Home Cell

## Godparent's Information

1. Name (in full) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

2. Name (in full) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

3. Name (in full) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

### Office Use

The Rector has approved this application \_\_\_\_\_  
Officiating Clergy will be \_\_\_\_\_