

# Holy Baptism

DATE OF APPLICATION \_\_\_\_\_ 20 \_\_\_\_\_

FULL NAME OF CANDIDATE \_\_\_\_\_ SEX \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

RESIDENCE \_\_\_\_\_

FATHER'S FULL NAME \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_

PARENTS' RESIDENCE \_\_\_\_\_

PARENTS' HOME TELEPHONE \_\_\_\_\_

PARENTS' WORK TELEPHONE \_\_\_\_\_

PARENTS' CELL TELEPHONE \_\_\_\_\_

TOTAL NUMBER OF PARENTS/GODPARENTS/SIBLINGS \_\_\_\_\_

TOTAL NUMBER OF EXTENDED FAMILY AND FRIENDS \_\_\_\_\_

GODPARENTS

OR

SPONSORS

1. NAME \_\_\_\_\_

RESIDENCE \_\_\_\_\_

RELATIONSHIP TO CANDIDATE: \_\_\_\_\_

2. NAME \_\_\_\_\_

RESIDENCE \_\_\_\_\_

RELATIONSHIP TO CANDIDATE: \_\_\_\_\_

3. NAME \_\_\_\_\_

RESIDENCE \_\_\_\_\_

RELATIONSHIP TO CANDIDATE: \_\_\_\_\_

DATE OF BAPTISM \_\_\_\_\_ HOUR \_\_\_\_\_

PLACE OF BAPTISM \_\_\_\_\_

OFFICIANT \_\_\_\_\_

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