

ST. PAUL'S MEMORIAL CHURCH

1700 UNIVERSITY AVE
CHARLOTTESVILLE, VIRGINIA 22903
(434) 295-2156 / office@stpaulsmemorialchurch.org

APPLICATION FOR THE MINISTRATION OF HOLY BAPTISM

PLEASE PRINT

Date: _____

FULL NAME OF CANDIDATE _____ SEX _____

ADDRESS _____

TELEPHONE _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

FATHER'S FULL NAME _____

ADDRESS IF DIFFERENT _____

TELEPHONE _____ CHURCH _____

EMAIL ADDRESS _____

MOTHER'S FULL NAME (INCLUDE MAIDEN NAME) _____

ADDRESS IF DIFFERENT _____

TELEPHONE _____ CHURCH _____

EMAIL ADDRESS _____

DATE OF REQUESTED BAPTISM _____

SPONSORS (PLEASE GIVE FULL NAME, ADDRESSES AND CHURCHES)

1. _____

2. _____

3. _____
