

St. Timothy's Episcopal Church
HOLY BAPTISM

Full Name: _____

Date of Birth: _____ Gender: ___M ___F

Place of Birth: _____

Address: _____

Phone #: _____ Email: _____

Father's full name: _____

Religious affiliation: _____

Mother's full maiden name: _____

Religious affiliation: _____

Date of Baptism: _____

Sponsors: (Name/Town/State)
