

**Grace Church Brooklyn Heights**

**Baptismal Information Form**

*Please carefully print all information. Thank you*

**Date of application** \_\_\_\_\_

**Candidate's Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Place of Birth (City, State):** \_\_\_\_\_

**Mother's Full Name:** \_\_\_\_\_

**Father's Full Name:** \_\_\_\_\_

**Parents' Residence (if different):** \_\_\_\_\_

**Telephone: (Home and Cell):** \_\_\_\_\_

**Email Contact:** \_\_\_\_\_

**Religious Background or Affiliation of Parents:** \_\_\_\_\_

**Please list the Names and Address of Godparents/Sponsors:**

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

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

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

\*\*\*\*\*

**This section to be filled out by Parish Administrator:**

**Baptism Date:** *(must be approved and confirmed by Clergy)* \_\_\_\_\_

**Hour:** \_\_\_\_\_ **Officiant:** \_\_\_\_\_