



Holy Innocents'

Anglican Church

CANDIDATE FOR BAPTISM

FULL NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SEX: _____ SINGLE: _____ TWIN: _____

PARENT'S

FATHER: _____

DATE OF BIRTH: _____

OCCUPATION: _____

FULL ADDRESS: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

MOTHER: _____

MAIDEN NAME: _____

DATE OF BIRTH: _____

OCCUPATION: _____

FULL ADDRESS: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

SPONSORS

1. NAME: _____

HOME PARISH: _____

2. NAME: _____

HOME PARISH: _____

3. NAME: _____

HOME PARISH: _____

PLEASE CHECK YES OR NO FOR THE FOLLOWING:

Are you a member of Parish of The Holy Innocents? ☐ Yes ☐ No

If no, do you wish to join: Parish of The Holy Innocents ☐ Yes ☐ No

PLEASE CHECK THE FOLLOWING THAT APPLIES:

I would you like to be added to our e-mail list? ☐

I would like more information about our Church? ☐

I would like to support the Church financially? ☐

COMMENTS: _____

DATE OF BAPTISM: _____

PLACE OF BAPTISM: _____

BAPTIZED BY: _____