



THE EPISCOPAL CHURCH OF THE EPIPHANY

BAPTISM INFORMATION FORM

Date of Application: _____

Full Name: _____ Preferred by Name: _____

Address: _____ Gender: _____ Age: _____

Date of Birth: _____ City/State of Birth: _____

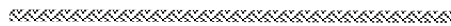
Parent's Full Name: _____
(as it would appear on Baptismal Certificate)

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(as it would appear on Baptismal Certificate)

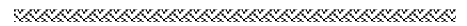
Parent's Residence (if different): _____

Telephone: _____ Email: _____

Religious Affiliation of Parents: _____



GODPARENTS



1 Name: _____

2 Name: _____

3 Name: _____

Date of Baptism: _____ Service Time: _____

Place of Baptism: Church of the Epiphany, Atlanta, GA

Please return the completed form to the parish office at parishadmin@epiphany.org at least two weeks prior to the service.