



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)

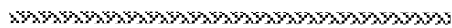
Parent's Full Name: _____
(as it would appear on Baptismal Certificate)

Parent's Residence (if different): _____

Telephone: _____ Email: _____

Religious Affiliation of Parents: _____

Baptism Banner (for children 12 & under) – please check design you prefer: Butterfly: _____ Shell: _____



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.