

ST. JAMES BY-THE-SEA EPISCOPAL CHURCH
INFORMATION FOR BAPTISM



Name of Person to be Baptized **

First Middle Last

Date of Baptism: _____

Sex: ___ Male ___ Female

Date of Birth: _____

Place of Birth: _____

Daytime phone: _____ Evening phone: _____

Address: _____

e-mail: _____

Parents

Father's name: _____

First Middle Last

Mother's name: _____

First Middle Maiden Last

If parents are members of a different church, please provide details: _____

Godparents/Witnesses (full names and addresses, please)

1) Name: _____ Phone: _____
Address: _____

2) Name: _____ Phone: _____
Address: _____

3) Name: _____ Phone: _____
Address: _____

4) Name: _____ Phone: _____
Address: _____

**** Baptism creates a membership for the person in St. James by-the-Sea. Please remember to transfer memberships to a different church when you join it. Usually you can ask the priest or pastor of your new church to write us for a letter of transfer.**

For office use only:

cc: Rector Associate Priests Parish Coordinator Comm. Coordinator
 Receptionist Flower Guild Christian Ed. Altar Guild