

Holy Baptism

Christ Episcopal Church
320 Pollock Street • PO Box 1246 New Bern, NC 28563
252-633-2109 • fax 252-514-4013

Date of application _____

Full name of person being baptized _____
First Middle Last

Age _____ Sex _____

Address _____
Street City State Zip Code

Date of Birth _____ Place of Birth _____
Month Day Year City State

Date of Baptism _____ Service Time _____

- *The baptismal date will not be reserved on the church calendar until the parents and godparents have scheduled an appointment with the clergy person assigned by the Rector to do the baptism.*

Father's Information

Full Name _____ Religious Affiliation _____
First Middle Last

Address (if different from above) _____

Phone Numbers _____
Home Cell

Mother's Information

Full Name _____ Religious Affiliation _____
First Middle Last

Address (if different from above) _____

Phone Numbers _____
Home Cell

Sponsor's Information

1. Name (in full) _____

Address _____

Phone _____

2. Name (in full) _____

Address _____

Phone _____

3. Name (in full) _____

Address _____

Phone _____

Office Use

The Rector has approved this application _____

Officiating Clergy will be _____

The family was notified of the approved date on _____

Please return this application to our Parish Administrator, Margi Thompson at the address above.

Revised 12/6/2010