



ST. MATTHEW

ST. MATTHEW THE APOSTLE EPISCOPAL CHURCH
7410 SUNSET DRIVE, MIAMI, FL 33143
305-665-7333 † stmatthewepis@bellsouth.net

Holy Baptism

Information Form

DATE OF APPLICATION: _____

BAPTISM CANDIDATE'S FULL NAME: _____

SEX: _____ DATE OF BIRTH: _____ AGE: _____

PLACE OF BIRTH: _____

FATHER'S FULL NAME: _____

MOTHER'S MAIDEN NAME: _____

PARENTS' RESIDENCE: _____

PARENTS' TELEPHONE: (home) _____ (cell) _____

EMAIL ADDRESS: _____

RELIGIOUS AFFILIATION OF PARENTS: _____

DATE OF BAPTISM: _____ TIME: _____

PLACE OF BAPTISM: _____

OFFICIANT: _____

WITNESSES OR SPONSORS

1. _____

RESIDENCE _____

2. _____

RESIDENCE _____

3. _____

RESIDENCE _____