

GRACE EPISCOPAL CHURCH
Baldwinsville, New York

RECORD OF BAPTISM

Name of Person to be Baptized _____

Address _____

Place of Birth _____ Date of Birth _____

Father's full Name _____ Baptized ___ Confirmed _____

Mother's Maiden Name _____ Baptized ___ Confirmed _____

Godparents (sponsors): Please give full names and addresses. Active in what church?

1. _____

2. _____

3. _____

4. _____

Other children in your family _____

Date for Baptism _____

Sunday 8:00 AM _____

Sunday 10:30 AM _____

We desire to bring our Child to Holy Baptism so that we may bring him (her) up I the Christian Faith and as a loyal member of the Church. We will cooperate fully with our parish Church towards this end, and do all we can to foster his (her faith by our example and prayers.

Father's signature _____

Mother's signature _____

Complete all blanks (please print) and mail to the Church as soon as possible.