

HOLY CROSS ANGLICAN CHURCH
BAPTISMAL INFORMATION FORM

Baptismal date Desired _____

Name of Candidate _____

Date of Birth _____ Place of Birth _____

Address _____

Mother's Name _____

Phone _____ (H) _____ (W) _____ (Cell)

Father's Name _____

Phone _____ (H) _____ (W) _____ (Cell)

GODPARENTS

NAME	CHURCH THEY ATTEND

THE MAJORITY OF GODPARENTS MUST BE ANGLICANS

**PLEASE NOTE THAT COMPLETED FORMS ARE TO BE BROUGHT TO THE OFFICE
TWO WEEKS PRIOR TO THE BAPTISMAL DATE**