



HOLY BAPTISM — ST. GEORGE'S CHURCH

Date of Baptism: _____

Time of Baptism: _____

Preparation Date: _____

Candidate's Full Name: _____ Sex: M or F

Address: _____ Postal Code: _____

Telephone: _____ Email Address: _____

Date of Birth: _____ Place of Birth: _____

Parent #1 Full Name: _____

Occupation: _____ Last Name at Birth: _____

Religious Affiliation: _____ Baptized: _____ Confirmed: _____

Parent #2 Full Name: _____

Occupation: _____ Last Name at Birth: _____

Religious Affiliation: _____ Baptized: _____ Confirmed: _____

SPONSORS *(please note that Sponsors must be baptized):*

1. Full Name: _____

Religious Affiliation: _____ Baptized: _____ Confirmed: _____

2. Full Name: _____

Religious Affiliation: _____ Baptized: _____ Confirmed: _____

3. Full Name: _____

Religious Affiliation: _____ Baptized: _____ Confirmed: _____

Please provide the names of all family members to be added to the Parish List:

FULL NAME	DATE OF BIRTH	DATE OF BAPTISM
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____