



HOLY BAPTISM

Date of Application: _____

Full Name: _____ Sex: _____

Date of Birth: _____ Place of Birth: _____

Address: _____ Age: _____

Father's Full Name: _____

Mother's Maiden Name: _____

Parents' Address: _____

Telephone: _____

Email: _____

Religious Affiliation of Parent: Father: _____

Mother: _____

~~~~~ Witness or Sponsors ~~~~~

1. Name: _____

Address: _____

2. Name: _____

Address: _____

3. Name: _____

Address: _____

Date of Baptism: _____ Place of Baptism: Trinity Church, Fishkill

Hour: _____ Officiant: _____