



St. James Episcopal Church
119 Washington Street, Groveland, MA
Application for Holy Baptism

DATE OF APPLICATION: _____

FULL NAME: _____ SEX: _____

RESIDENCE: _____ AGE (at baptism): _____

FATHER'S FULL NAME: _____

MOTHER'S NAME (W/MAIDEN NAME): _____

PARENTS' RESIDENCE: _____

PARENTS PHONE #: _____

PARENTS EMAIL ADDRESS: _____

RELIGIOUS AFFILIATION OF PARENTS: _____

WITNESSES OR SPONSORS:

1.) _____

RESIDENCE: _____

2.) _____

RESIDENCE: _____

3.) _____

RESIDENCE: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

(For office use)

DATE OF BAPTISM: _____ HOUR: _____

PLACE OF BAPTISM: _____

OFFICIANT: _____