

# ST. MARTIN'S EPISCOPAL CHURCH

## BAPTISMAL INFORMATION FORM

(Please Print)

Requested Date of Baptism \_\_\_\_\_

*Baptismal Instruction for parents and godparents is required and is typically held at 11:00am on Saturday morning of the day preceding the baptism. Or you may contact Fr. Jon as early as possible to arrange a meeting time: [JHall@smartinschurch.org](mailto:JHall@smartinschurch.org) or 636-227-1484 x 11.*

Time of Worship Service for the Baptism \_\_\_\_\_

### Full Name of Person to be Baptized

\_\_\_\_\_

Male / Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
*(Circle One)*

Address of Parents:

\_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's Full Name \_\_\_\_\_  
*(Include mother's maiden name)*

Contact: Cell phone: \_\_\_\_\_ Work phone \_\_\_\_\_

E-mail address \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Father's Full Name \_\_\_\_\_

Contact: Cell phone: \_\_\_\_\_ Work phone \_\_\_\_\_

E-mail address \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Sponsors (Godparents) of the Person Being Baptized:

*(Full Name as it is to appear on the certificates + Address)*

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Please return completed form to the Church Office promptly.

St. Martin's Episcopal Church  
15764 Clayton Road  
Ellisville, MO 63011

[smartin@smartinschurch.org](mailto:smartin@smartinschurch.org)

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