

The Episcopal Church of the Advent
Holy Baptism Information Form



(PLEASE PRINT)

Date Baptism Requested _____ Time of Service Requested _____

Candidate's Full Name _____ Name goes by _____

Address _____

Date of Birth _____ Gender _____ Age at Service _____

Place of Birth (City, State) _____

Parents

Father's Full Name _____ Name goes by _____

Father's Phone _____ Father's Email _____

Mother's Full Name _____ Name goes by _____

Mother's Phone _____ Mother's Email _____

Godparents or Sponsors

1. Full Name _____ Name goes by _____

Address _____ Email _____

_____ Phone _____

2. Full Name _____ Name goes by _____

Address _____ Email _____

_____ Phone _____

3. Full Name _____ Name goes by _____

Address _____ Email _____

_____ Phone _____

4. Full Name _____ Name goes by _____

Address _____ Email _____

_____ Phone _____

Please return to Carol Abney 3 weeks prior to the baptism date.

The Episcopal Church of the Advent | 141 Advent St. | Spartanburg, SC 29302

cabney@churchofadvent.org | 864.504.3696