

Baptismal Information Form
Anglican Parish of Windsor-Bishop's Falls

Name of Baptismal Candidate: _____

Date of Baptism: _____

Date of Baptism Preparation: _____

Place of Birth: _____

Sex of Candidate: _____ Date of Birth: _____

Mailing Address: _____

Phone Number: _____

Mother's Name (in full): _____

Mother's Date of Birth: _____

Father's Name (in full): _____

Father's Date of Birth: _____

Godparent: _____ Denomination: _____

Godparent: _____ Denomination: _____

Godparent: _____ Denomination: _____

Godparent: _____ Denomination: _____

If an emergency baptism has already taken place, please state:

Place: _____ Date: _____

By Whom: _____