

# ❖ Sacrament of Holy Baptism ❖

Application / St. Andrew's Episcopal Church, New Providence, NJ 07974 908 464-4875

Date of Application \_\_\_\_\_ 20 \_\_\_\_

Full Name \_\_\_\_\_ Sex \_\_\_\_\_

Residence \_\_\_\_\_ Age \_\_\_\_\_

Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

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

Are you a member of St. Andrew's? \_\_\_\_ If not, please give name and address of church affiliation.

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

Mother's Maiden Name \_\_\_\_\_

Are you a member of St. Andrew's? \_\_\_\_ If not, please give name and address of church affiliation.

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

Sponsors:

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Baptism Date Requested \_\_\_\_\_ Scheduled (Office use only) \_\_\_\_\_

Please Note: Baptism Instruction is scheduled for 11 a.m. the Saturday immediately preceding the Sunday of the Baptism.

Honoraria: In lieu of an honorarium for the clergy, the Rector suggests the parents may wish to make a contribution to the Discretionary Fund in thanksgiving for the birth of their child and his/her new life in Christ. Please make checks payable to: St. Andrew's Discretionary Fund and send to the attention of the Rector.

As soon as you have been scheduled for a specific date, the Parish Office will call you. Thank you.

\_\_\_\_\_  
Signature of Applicant/Parent

\_\_\_\_\_  
Date