

HOLY BAPTISM INFORMATION- Adult



Candidate's **full** name: _____

Date of Baptism: _____ Please see the website for upcoming dates.
Speak with clergy if additional option needed.

Service: 8:00 Historic Church 9:00 Historic Church 9:15 Bethell
11:15 Historic Church 5:00pm Bethell 7:30pm Easter Vigil

Sex _____ Birth date: _____

City & State of birth: _____

Parent #1 **full** name/Birth (Maiden) name:

Parent #2 **full** name/Birth (Maiden) name:

Sponsors: (From 1-4 people, 2 or 3 is typical.)

Home Address: _____

Telephone Numbers: H) _____ O) _____

E-mail Address: _____



Confirmed for Baptismal Rehearsal - Date/Time: *(typically 10:00 AM Saturday prior to baptism)*

Please return form to the Rev. Katie Wright
Katie.w@stdave.org * Phone: 512-610-3548