

CHILD/INFANT HOLY BAPTISM INFORMATION

St. David's Member? YES NO



If no, list any relatives who are members:

Child's **full** name: _____

Date of Baptism: _____

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

Sex of child _____ Birth date: _____

City & State of birth: _____

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

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

Godparents/Sponsors: (1-4 people: Typically two or three.)

Home Address: _____

Telephone Numbers: H) _____ C) _____

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