



The Episcopal Church of the
Holy Cross

Application
for Holy Baptism

Date of application _____

Full Name of Candidate _____

Sex _____ Date of Birth _____ Place of Birth _____

Residence of Candidate _____

Father's Full Name _____

Mother's Maiden Name _____

Parents Address _____

Parents Phone _____ Parents E-mail _____

Religious affiliation of Father _____ Mother _____

Witness/Sponsor _____

Address _____

Witness/Sponsor _____

Address _____

Witness/Sponsor _____

Address _____

Date and Place of Baptism _____

Priest/Officiant _____