

# St. John's Episcopal Church

~ Georgetown Parish ~

3240 O Street NW, Washington, DC 20007  
Tel: 202-338-1796 Fax: 202-338-3921

## Baptism Application

PLEASE PRINT TO INSURE THE BAPTISM CERTIFICATES ARE DOCUMENTED CORRECTLY

Date of baptism \_\_\_\_\_

9 a.m. service     11 a.m. service     Other \_\_\_\_\_ (*consultation with clergy required*)

I/We would like to host coffee hour following the service.

I/We would like to donate toward the altar flowers in thanksgiving for the baptism.

Full name of person to be baptized \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_     Male     Female

Place of birth (city/state) \_\_\_\_\_

Full name of parent \_\_\_\_\_     Member of Saint John's

Full name of parent \_\_\_\_\_     Member of Saint John's

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

*The recommended number of godparents/sponsors are two, but not more than four.*

Name of godparent(s)/sponsor(s)

1) \_\_\_\_\_ Denomination of faith \_\_\_\_\_

2) \_\_\_\_\_ Denomination of faith \_\_\_\_\_

3) \_\_\_\_\_ Denomination of faith \_\_\_\_\_

4) \_\_\_\_\_ Denomination of faith \_\_\_\_\_