

Application for Holy Baptism

Date of Application for Holy Baptism _____ Proposed Date for the Baptism _____

COMPLETE AND RETURN THIS FORM TO THE PARISH OFFICE

Full name of candidate _____

Gender _____ Date of birth _____ Place of birth _____

Father's full name _____ Baptized? _____

Mother's full name _____ Baptized? _____

Mailing address _____

City _____ State _____ Zip _____

Telephone (H) _____ (W) _____ e-mail _____

Baptized Sponsors

1. Name: _____

Address _____

City _____ State _____ Zip _____

2. Name: _____

Address _____

City _____ State _____ Zip _____

3. Name: _____

Address _____

City _____ State _____ Zip _____

Questions: Contact secretary@ascensionhouston.org
12-26-12 ln