

**Ascension Episcopal Church  
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 \_\_\_\_\_