



**EPISCOPAL CHURCH
OF THE
ASCENSION**

Information for candidate for Holy Baptism at Episcopal Church of the Ascension

Date of Application: _____

Full name of child: _____

Date, place and time of birth: _____

Gender: _____

Father's full name: _____

Phone: _____ Email: _____

Religious affiliation of Father: _____

Mother's maiden name: _____

Phone: _____ Email: _____

Religious affiliation of Mother: _____

Godparents (Witnesses)

1) Names/Address: _____

2) Names/Address: _____
