



**CHRIST
EPISCOPAL
CHURCH**

Baptismal Information Sheet

Personal Information

Full Name of the Person to be Baptized _____

Birthdate _____ Birthplace (City & State) _____

Parents' Contact Information

Full Name of Mother _____

Full Name of Father _____

Address _____

City / State / ZIP Code _____

Phone: home _____ cell _____ work _____ Email _____

Sponsor (Godparent) Information *if there are more than three sponsors, please write additional information on the ba*

1) Full Name _____

Complete Address _____

2) Full Name _____

Complete Address _____

3) Full Name _____

Complete Address _____

Baptism Information

Rehearsal: *Date* *Time* *Location*

Baptism: *Date* *Time* *Location*

Please return the completed form to:

Christ Church, 1534 Seventh Street, Slidell LA 70458
or email: office@christchurchslidell.com / or fax: 985.641.5842