



SAINT TIMOTHY'S CHURCH

INFANT BAPTISM APPLICATION

Full Name of Baptism Candidate			
Parent(s) or Guardian(s) Names			
Full Address			
Parents' Phone No.			
Date of Birth (including year)			
Place of Birth (city, state)			
Are parents St. Timothy's Members?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please note this is not a requirement for Baptism of your infant	
Will You Have a Sponsor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sponsor(s) Name(s)	
Will You Have Godparents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Godparents' Names	

FOR PARENTS TO SIGN:

I/we desire Baptism for our child and agree that I/we will attend at least one consultation with the Rector in advance of Baptism.

Parent(s)' Signature(s) _____

TO BE FILLED IN BY RECTOR OR STAFF

Date of Baptism _____

- Handling:
 - Send notification to Lay Chaplain to add to Staff Meeting Notes for Proper Handling
 - Send form to Parish Administrator to file, prepare certificate, and enter in Planning Center (if necessary)