



All Saints Episcopal Parish

HOLY BAPTISM

Date of Application: _____

Candidate's Name: _____

Gender: _____

Parents' Full Names: _____

Family's Residence: _____

Family's Telephone: _____

Other Telephone: _____

Email Address: _____

Parents' Religious Affiliation: _____

Witnesses

Sponsors

1.) _____

Address: _____

2.) _____

Address: _____

3.) _____

Address: _____

Candidate's Date of Birth: _____ City and State of Birth: _____

Baptism Date Requested (circle): January 13, April 20, April 28, June 9, September 15, November 3

Service (circle): 9:00 am /11:00 am

Preparation/orientation of the service will take place with the Rector prior to the scheduled Baptism.

Please complete & return in advance of requested date to:

All Saints Episcopal Parish - 701 Washington Street - Hoboken, NJ 07030 Email – office@allsaintshoboken.com

All are welcome!

All Saints Episcopal Parish, 701 Washington Street ■ Hoboken, NJ 07030
Phone (201) 792-3563 ■ Fax (201) 792-3994 ■ Website: www.allsaintshoboken.com