



THE EPISCOPAL CHURCH OF THE EPIPHANY

BAPTISM INFORMATION FORM

Date of Application: _____

Full Name: _____ Goes by Name: _____

Address: _____ Gender: _____ Age: _____

Date of Birth: _____ Place of Birth: _____

Parent's Full Name: _____
(as it would appear on Baptismal Certificate)

Parent's Full Name: _____
(as it would appear on Baptismal Certificate)

Parent's Residence (if different): _____

Telephone: _____ Email: _____

Religious Affiliation of Parents: _____

~~~~~ WITNESSES OR GODPARENTS ~~~~~

1 Name: \_\_\_\_\_

2 Name: \_\_\_\_\_

3 Name: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Hour: \_\_\_\_\_

Place of Baptism: Church of the Epiphany, Atlanta, GA

Click the Print button for a hard copy for yourself. Click the Email button to send data to the parish office.

You can also return the form to Church of the Epiphany via fax at 404.373.5405, by mail at 2089 Ponce de Leon Ave., NE, Atlanta, GA 30307 or provide the information by email at [info@epiphany.org](mailto:info@epiphany.org).