

# ST. PAUL'S MEMORIAL CHURCH

1700 UNIVERSITY AVE  
CHARLOTTESVILLE, VIRGINIA 22903  
(434) 295-2156

## APPLICATION FOR THE MINISTRATION OF HOLY BAPTISM

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PLEASE PRINT

Date: \_\_\_\_\_

FULL NAME OF CANDIDATE \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

FATHER'S FULL NAME \_\_\_\_\_

ADDRESS IF DIFFERENT \_\_\_\_\_

TELEPHONE \_\_\_\_\_ CHURCH \_\_\_\_\_

MOTHER'S FULL NAME (INCLUDE MAIDEN NAME) \_\_\_\_\_

ADDRESS IF DIFFERENT \_\_\_\_\_

TELEPHONE \_\_\_\_\_ CHURCH \_\_\_\_\_

DATE OF REQUESTED BAPTISM \_\_\_\_\_

### SPONSORS (PLEASE GIVE FULL NAME, ADDRESSES AND CHURCHES)

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

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**PLEASE CONTACT A MEMBER OF THE CLERGY PRIOR TO THE BAPTISMAL DATE**