



**ST. PAUL'S**  
ANGLICAN CHURCH

**Holy Baptism at St. Paul's Anglican Church**  
P.O. Box 380, Crownsville, MD 21032

**Date of Application:** \_\_\_\_\_

**Full Name of Baptized:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Father's Full Name:** \_\_\_\_\_

**Mother's Full Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Religious Affiliation(s) of**

**Parents:** \_\_\_\_\_

**Godparents or Sponsors:**

1. **Name:** \_\_\_\_\_

**Residence:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Religious Affiliation:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_

**Residence:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Religious Affiliation:** \_\_\_\_\_

*Note: If there are more than two godparents, you can put their information below.*

**Date of Birth:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

**Date of Baptism:** \_\_\_\_\_

**At Which Service Would You Like the Baptism to Occur?**      8a      9:30a      11a