



# Good Samaritan Episcopal Church Holy Baptism

*Please fill out and return to the church office.*

Full Name \_\_\_\_\_  
*(Person to be baptized as it will appear on the Baptismal Certificate)*

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Father's Full Name \_\_\_\_\_  
*(as it will appear on the Baptismal Certificate)*

Mother's Full **Maiden** Name \_\_\_\_\_  
*(as it will appear on the Baptismal Certificate)*

**\*\*\*\*\* Sponsors or Godparents \*\*\*\*\***

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

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

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

\*\*\*\*\*

Date of Baptism \_\_\_\_\_

Place of Baptism \_\_\_\_\_

Officiant \_\_\_\_\_

**GOOD SAMARITAN EPISCOPAL CHURCH**  
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