

# SACRAMENT OF HOLY BAPTISM

Grace Episcopal Church, 128 W. Passaic Ave., Rutherford, NJ 07070

201-438-8623

Date of Application \_\_\_\_\_ 20 \_\_\_\_

Full Name \_\_\_\_\_ Sex \_\_\_\_\_

Residence \_\_\_\_\_ Age \_\_\_\_\_

Telephone \_\_\_\_\_

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

Father's Full Name \_\_\_\_\_

Are you a member of Grace Church? \_\_\_\_ If not, please give name and address of church affiliation.

Name \_\_\_\_\_ Address \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Are you a member of Grace Church? \_\_\_\_ If not, please give name and address of church affiliation.

Name \_\_\_\_\_ Address \_\_\_\_\_

## Sponsors:

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

Address \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

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

Address \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

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

Address \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Baptism Date Requested \_\_\_\_\_ Scheduled (*Office use only*) \_\_\_\_\_

**Please Note:** Baptism Instruction should be scheduled with the Parish Office

**Honoraria:** In lieu of an honorarium for the clergy, the clergy suggests the parents may wish to make a contribution to Grace Episcopal Church in thanksgiving for the birth of their child and his/her new life in Christ. Please make checks payable to: *Grace Episcopal Church designating the gift a Baptismal Offering.*

**As soon as you have been scheduled for a specific date, the Parish Office will call you. Thank you.**

\_\_\_\_\_  
Signature of Applicant/Parent Date