

ST. MARK'S EPISCOPAL CHURCH

Information for Holy Baptism Certificate

Date of Application _____ Date of Birth _____

Full Name of Applicant _____

Place of Birth _____ Gender: M F

Address _____

Telephone _____

First Parent's Name* _____

Second Parent's Name _____

** Please include maiden name for our records if applicable*

Witness (Godparents) or Sponsors

(Two is standard, more are welcome)

1. Name _____

Address _____

2. Name _____

Address _____

3. Name _____

Address _____

Comments _____



**SAINT MARK'S
EPISCOPAL CHURCH**

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