



Grace Chapel Brockton
Episcopal/Anglican Church

Baptism Application

Date of Application_____

Full Name_____ Sex_____

Residence_____

Street City State Zip

Telephone_____ Email_____

Date of Birth_____ Age_____

Place of Birth_____

Father's Full Name_____

Mother's Maiden Name_____

Parent's Residence_____

Street City State Zip

Religious Affiliation of Parents_____

Godparent_____ Date of Baptism_____

Godparent_____ Date of Baptism_____

Godparent_____ Date of Baptism_____

Any special request_____

Signature of Parent of Child under 18 allowing Permission to be Baptized

Date of Baptism_____

Name of Church and Place of Baptism_____

Officiating Minister_____