



GRACE EPISCOPAL CHURCH
30 BUTLER STREET - P.O. 1776
KINGSTON, PENNSYLVANIA 18704
VOICE: 570-287-8440 EMAIL: GRACEKINGSTON@EPIX.NET

HOLY BAPTISM INFORMATION FORM

(Please return this completed form at least three weeks before the proposed baptism to Nancy Pleskach, the Church Administrator.)

Date of application: _____

Full name of person to be baptized (this will be what appears on the baptismal certificate)

First Middle Last

Age: _____ Sex: _____

Address: _____
Street City State ZIP

Date of birth: _____ Place of birth: _____
Month/Day/Year City State ZIP

Date of Proposed Baptism: _____
Month/Day/Year

Father's Information

Full name: _____
First Middle Last

Address: (if different than address above) _____

Phone numbers: _____
Home Office Fax

Religious affiliation: _____

Grace Church member? Yes / No (If you are not and would like to be, fill out attached membership form.)

Mother's Information

Full name: _____
First Middle Last

Address: (if different than address above) _____

Phone numbers: _____
Home Office Fax

Religious affiliation: _____

Grace Church member? Yes / No (If you are not and would like to be, fill out attached membership form.)

Godparent or Sponsor Information

1. Name (in full): _____

Address: _____ Phone _____

2. Name (in full): _____

Address _____ Phone _____

3. Name (in full): _____

Address _____ Phone _____