



St. John's Anglican Church

42 South Street | Port Hope, Ontario | L1A 1R8 | (905) 885-2171 www.stjohnschurchph.ca | Fax: (905) 885-7592

Application for the Sacrament of Holy Baptism

Family Name _____

Address _____

Names of Candidate: _____

Phone # _____

Date of Birth: _____

Place of Birth _____

Names of Father: _____

Names of Mother _____

(including Maiden Name)

Names of Godparents or Sponsors

Addresses

1) _____

2) _____

3) _____

4) _____

RESERVED FOR CHURCH USE:

Date of Baptism: _____

Details Entered in Parish Record: _____

Other Comments: _____

Applications should be completed and submitted to the Rector as soon as possible after the birth of the child.

Arrangements for Adult Baptisms should be made directly with the Rector.