



St. Matthew's
 Episcopal Church
 2120 Lincoln Street
 Evanston, IL 60201
Building Community in a Complicated World

**ST. MATTHEW'S
 HOLY BAPTISM INFORMATION**

Date of Application _____

APPLICANT INFORMATION

Full name of Applicant _____

Date of Birth _____ Place of Birth (city/state) _____

Is applicant a Child or Adult (circle one or the other)

If child, continue. If adult, move on to contact information.

Father's Full Name _____

(as it will appear on the Baptismal Certificate)

Mother's Full Name _____

(as it will appear on the Baptismal Certificate)

CONTACT INFORMATION

Address _____

City/State/zip _____

Person (self, mother, father, etc.)	phone number	type (cell, home, work, etc.)	email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WITNESSES/GODPARENTS

Name _____
(as you want them to appear on the Baptismal Certificate)

Full Address _____

Religious Affiliation _____



Name _____
(as you want them to appear on the Baptismal Certificate)

Full Address _____

Religious Affiliation _____



Name _____
(as you want them to appear on the Baptismal Certificate)

Full Address _____

Religious Affiliation _____



Name _____
(as you want them to appear on the Baptismal Certificate)

Full Address _____

Religious Affiliation _____

TO BE COMPLETED BY THE PARISH

Baptismal Details

Date _____ Time _____

Location _____

Officiant _____