

The Episcopal Church of the Holy Spirit

Dripping Springs, Texas

Please fill out the following information and return to the church office.

Holy Baptism

Date:

Full Name: _____ Age: _____

Residence: _____

Father's Full Name: _____

Mother's Maiden Name: _____

Parents' Residence: _____

Parents' Telephone: _____

Parents' Religious Affiliation: _____

Witness

or

Sponsor

1. _____

Residence: _____

2. _____

Residence: _____

3. _____

Residence: _____

Date of Birth: _____

Place of Birth: _____

For Office Use

Date of Baptism:

Place of Baptism:

Officiant:

The Episcopal Church of the Holy Spirit

The Rev. Nancy Coon