HOLY SPIRIT
EPISCOPAL CHURCH AND SCHOOL
Dripping Springs, Texas

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

Holy Baptism

Date: _____

Candidate's Full Name: _____ **Age:** _____ **M / F**

Residence: _____

_____

Telephone: _____

Date of Birth: _____

Place of Birth: _____

Father's Full Name: _____

Mother's Full Name (*incl. maiden*): _____

Godparent or Sponsor

1. _____
Residence: _____
2. _____
Residence: _____
3. _____
Residence: _____

For Office Use

Date of Baptism: _____
Place of Baptism: ***Holy Spririt Episcopal Church and School***
Officiant: _____