

**BAPTISMAL INFORMATION FORM**

*Please return this form to the Parish Office at least two weeks before the scheduled Baptism date.*

Full Name of Child \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_  
First Middle Last

\_\_\_\_\_ DOB: \_\_\_\_\_  
City/State of Birth Mailing Address

\_\_\_\_\_ DOB: \_\_\_\_\_  
City State Zip

\_\_\_\_\_ DOB: \_\_\_\_\_  
Contact phone number Email Address:

Father's Full Name \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_  
First Middle Last Father's  
Religious Affiliation

Mother's Full Name \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_  
First Middle Last Maiden  
Mother's Religious Affiliation

\_\_\_\_\_ DOB: \_\_\_\_\_  
Sponsor/Godparent's Full Name Godparent's  
Religious Affiliation

\_\_\_\_\_ DOB: \_\_\_\_\_  
Sponsor/Godparent's Full Name Godparent's  
Religious Affiliation

*At least one of the Sponsors or Godparents should be a baptized, confirmed, and practicing member of the*

*Episcopal Church.*

CHURCH OF THE ASCENSION AND SAINT AGNES

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