

BAPTISMAL INFORMATION FORM

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

Full Name of Child: _____
First Middle Last

Date of Birth: _____

City/State of Birth: _____

Mailing Address: _____

Contact Phone Number: _____

Email Address: _____

Father's Full Name: _____
First Middle Last

Father's Religious Affiliation: _____

Mother's Full Name: _____
First Middle Last

Mother's Maiden Name: _____

Mother's Religious Affiliation: _____

Sponsor/Godparent's Full Name: _____

Sponsor/Godparent's Religious Affiliation: _____

Sponsor/Godparent's Full Name: _____

Sponsor/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

The Reverend Dominique Peridans, Rector

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