

APPLICATION FOR BAPTISM

Please return this completed form to the Parish Office as soon as possible.

St. James' Episcopal Church

214 Washington Street
Hackettstown, NJ 07840
908-852-3968
908-212-7535 (Fax)

Child's Christian Name(s) _____ Family Name _____

City/State of Birth _____ Date of Birth _____

Date to be Baptized _____

Father's Name _____

Church, City and Date of Baptism _____

Church, City and Date of Confirmation _____

Name of Father's Church _____

Mother's Name (before marriage) _____

Church, City and Date of Baptism _____

Church, City and Date of Confirmation _____

Name of Mother's City _____

Parents' Address: _____

Telephone Number: _____

Sponsors (Godparents) *One or more baptized persons may serve.*

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____