



Christ Church Episcopal Parish

Application for Holy Baptism

Date of Application _____
(Mo/Day/Yr)

Baptismal Candidate's Full Name _____

Male/Female (circle one) Date of Birth _____ City/State of Birth _____

Mother's Full Name _____ Mother's Maiden Name _____

Father's Full Name _____

Mother's Name as you wish it to appear on the Baptism Certificate _____

Primary Email address _____

Address of Candidate _____

Candidate's Phone Number _____

Contact Phone Number (if different) _____ Contact Name _____

Godparents / Sponsors (2 minimum):

Name(s) _____ _____	Name(s) _____ _____	Name(s) _____ _____
Address _____ _____	Address _____ _____	Address _____ _____

Please return this form to the Parish office either in person, or via fax or mail to:

PO Box 447
Lake Oswego, Oregon 97034
Fax: 503-636-0384
<http://www.ccp parish.org>

For Office Use Only

Date of Baptism _____ Time/Service Held _____

Held at (if not CCEP) _____ Presider _____