

# HOLY BAPTISM

St. John's Episcopal Church  
1105 Quarrier Street, Charleston, WV 25301  
304-346-0359 • fax 304-342-2810  
[church@stjohnswv.org](mailto:church@stjohnswv.org)

Date of application \_\_\_\_\_

Full name of person being baptized \_\_\_\_\_  
First Middle Last

Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_  
City State

Date of Baptism \_\_\_\_/\_\_\_\_/\_\_\_\_ Service Time \_\_\_\_\_

*The baptismal date will not be reserved on the church calendar until the parents and godparents have scheduled an appointment with the clergy person assigned by the Rector to do the baptism.*

## Father's Information

Full Name \_\_\_\_\_  
First Middle Last

Religious Affiliation \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Telephone numbers \_\_\_\_\_  
Home Cell

## Mother's Information

Full Name \_\_\_\_\_  
First Middle Last

Religious Affiliation \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Telephone numbers \_\_\_\_\_  
Home Cell

(OVER)

## Godparent/Sponsor's Information

1. Name (in full) \_\_\_\_\_

Telephone numbers \_\_\_\_\_  
Home Cell

2. Name (in full) \_\_\_\_\_

Telephone numbers \_\_\_\_\_  
Home Cell

3. Name (in full) \_\_\_\_\_

Telephone numbers \_\_\_\_\_  
Home Cell

Reception after baptism? \_\_\_\_\_

- Hunter Hall (ending at 12:20 p.m.)? \_\_\_\_\_
- Room 109 (if available) for a longer reception? \_\_\_\_\_
- Cake provided by the family? \_\_\_\_\_ \*
- Beverages? \_\_\_\_\_ \*

*\*Anything beyond cake, tea, coffee, and juice can be provided by family.*

Please return this application to the Parish Administration after completion. Please notify family and friends that all photography takes place after the service.