

† **Registration for Holy Baptism** †
CHRIST EPISCOPAL CHURCH
1132 Highland Avenue, Needham, MA 02494
781-444-1469 office@ccneedham.org

Please complete this form and mail or e-mail it to the church office.

_____ **Baptism Date**

_____ **Service Time**

Candidate for Baptism:

_____ Last Name First Name Middle Name Male Female

_____ Age Birth Date Place of Birth

_____ Street Address City State Zip

Parents:

_____ **Full name** (*first, middle, last*) Baptized Confirmed

_____ Email Phone

_____ Religious Affiliation Home Parish/Location

_____ **Full name** (*first, middle, last*) Baptized Confirmed

_____ Email Phone

_____ Religious Affiliation Home Parish/Location

(over)

Godparents/Sponsors:

Full name *(first, middle, last)*

Baptized

Confirmed

Religious Affiliation

Home Parish/Location

Full name *(first, middle, last)*

Baptized

Confirmed

Religious Affiliation

Home Parish/Location

Please tell us how many family members and guests will attend, so that we may reserve pews: _____