

St. Paul's
Syracuse

The Downtown
Episcopal Church

Please Print Both Pages

Holy Baptism

Date of Application: _____

Email: _____

Cell Phone: _____

Full Name: _____ Gender: _____

Address: _____ Age: _____

Parent Full Name: _____

Parent Full Name: _____

Godparent #1: _____

Address: _____

Godparent #2: _____

Address: _____

Godparent #3: _____

Address: _____

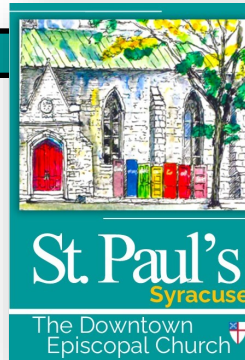
Date of Birth: _____ Hospital: _____

City: _____ State: _____



Date of Baptism: _____ Time: _____

Baptisms will take place in the church during the 10:00 a.m. worship service. If family members are not members of St. Paul's, there may be a requirement to attend at least 2 services at St. Paul's prior to the baptism date. Baptism donations will go to the Clergy Discretionary Fund. Please email completed form to: offices@stpaulsyr.org and jmcadoo@stpaulsyr.org



For Office Use:

Relation to St. Paul's? _____

Location of Baptism: Baptismal Font High Altar

How Many Additional Leaflets for the Family? _____

Baptismal Certificate Completed?

Recorded in Baptism Register?

Notes: _____

Notifications:

- Father Philip
- Jim Potts
- Judy McAdoo-Pelton
- Doug Mouncey
- Altar Guild
- Hospitality

