

Application for Holy Baptism

Ascension Episcopal Church
2525 Seagler Road
Houston, TX 77042-3194

e-mail: office@ascensionepiscopalchurch.org

Church Phone: 713-781-1330

Date of Application for Holy Baptism _____ Proposed Date for the Baptism _____

COMPLETE AND RETURN THIS FORM TO THE CHURCH OFFICE

Please print clearly, information for Church Records

Full name of candidate _____

Gender _____ Date of birth _____ Place of birth _____

Father's full name _____ Baptized? _____

Mother's full name _____ Baptized? _____

Mailing address _____

City _____ State _____ Zip _____

Phone (H) _____ (Cell) _____

e-mail _____

Baptized Sponsors:

1. Name _____

Address _____

City _____ State _____ Zip _____

2. Name _____

Address _____

City _____ State _____ Zip _____

3. Name _____

Address _____

City _____ State _____ Zip _____