

**APPLICATION FOR HOLY BAPTISM**

Emmanuel Episcopal Church  
498 Prince Avenue, Athens Georgia 30601  
(706)543-1294

**Date of Application** \_\_\_\_\_

**Baptism Date** \_\_\_\_\_ **Service** (circle one) 8:30 a.m. 10:30 a.m.

**Candidate's Full Name** \_\_\_\_\_

**Age** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

**Father's Full Name** \_\_\_\_\_

**Mother's Full Name (include Maiden name)**

\_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**Prior Church Affiliation** \_\_\_\_\_

**Sponsors'** (Names and Addresses – **Females please include maiden name**)

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

*Please note: There will be a Baptismal Preparation class for all Candidates and Sponsors prior to the date of the baptism.*