



THE CATHEDRAL CHURCH OF ST. MATTHEW

APPLICATION FOR THE SACRAMENT OF HOLY BAPTISM

Date of Application _____

Full Name _____

Sex _____

Address _____

Age _____

Date of Birth _____

Place of Birth _____

Father's Name _____

Mother's Name _____

Parent's Residence (if different) _____

Telephone _____ Email _____

Mother's religious tradition _____

Father's religious tradition _____

Please Note: *Altar Guild will reserve one pew per family (for parents & godparents of the child(ren)).*

Additional family and guests should arrive early to get a seat close to the reserved seats.

Godparent Information

Traditionally, there are two godparents of the same sex, and one of the opposite sex

1. Name _____

Address _____

2. Name _____

Address _____

3. Name _____

Address _____

Please return to Eileen Smith at esmith@episcopalcathedral.org

For office use only

Date of Baptism _____ Service time _____

Place of Baptism Cathedral Oratory

Officiant _____