

Church of the Holy Trinity

Today's Date:

BAPTISM form

Baptism Date: _____

Time: _____

Candidate's Full Name: _____

Parent's Names: _____

Address: _____

Email Address: _____

Home Phone: _____

Mobile Phone: _____

Godparents: _____

If a Private Service, will there be Communion: Yes _____ No _____

There is no cost for a Baptism performed during a regularly scheduled service.

Suggested Donation (for Private Service): \$500.00