

**St. Thomas' Episcopal Church
Baptism Information Form**

Date: _____

Baptismal Event:

- Baptism of our Lord (January)**
- Easter Vigil**
- Pentecost**
- All Saints**
- Bishop's Visit**

Baptism Date _____

Baptism Time _____

Baptism Place _____

Officiant _____

PLEASE PRINT CLEARLY

Full name of person being baptized		Sex
Birth date	Birth place (City, State, County)	
Family address		
Family phone	Family email	
Parent 1 full legal/maiden name		
Parent 2 full legal/maiden name		
Full names of godparents		



St. Thomas' Episcopal Church
212 North Main St Glassboro NJ 08028
www.stthomasglassboro.org
(856)881.9144 office@stthomasglassboro.org
Office Hours: Mon, Wed, Thurs, Fri, 11am to 3pm