



St. Martin in the Fields

EPISCOPAL CHURCH

Adult Baptism Information Form

Date of Application: _____ Requested Date of Baptism: _____

Full Legal Name

[as it will appear on your baptism certificate]: _____

Preferred Name / Nickname: _____

Gender, or, Preferred Gender Pronouns: _____

City of Birth: _____ Date of Birth: _____ Age: _____

Address: _____

Partner / Significant Other's Full Name [if applicable]:

Phone Number: _____ Email: _____

Is your Partner / Significant Other Baptized? Y / N

If so, in which church? _____



Is your Partner / Significant Other a member of St. Martin's or desires to become a member at St. Martin's? Y / N

Emergency Contact: _____

Phone Number: _____ Email: _____

Your religious affiliation prior to coming to the Episcopal Church: _____

Are you related to any St. Martin's parishioners?

Y / N / NA

If so, what is their name(s)? _____

Does St. Martin's have permission to have photos taken of your baptism for a baptism announcement that is included in St. Martin's weekly e-news?

Y / N

Does St. Martin's have permission to post photo(s) of your baptism on St. Martin's social media? (Facebook, Twitter, Instagram)

Y / N

Please Note: Photographs will be provided when the baptism takes place within worship or when available.

Sponsor(s)' Name(s):

1. _____ 2. _____

Please note: You and your chosen sponsor(s) are required to attend a meeting with the Rector on the Saturday morning before the rite of Holy Baptism, or at a mutually agreeable time in preparation for this sacrament.

