



## *Christ Episcopal Church*

321 West Avenue  
Red Wing, MN 55066  
651-388-0411

E-mail: christch8@msn.com  
Website: christchurchredwing.com

### **REQUEST FOR BAPTISM**

(Please Print)

#### CANDIDATE INFORMATION:

Full Name of Person presented for/seeking Baptism \_\_\_\_\_

To be filled out by adult candidate or parents of minors:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone# \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ City and State \_\_\_\_\_

Date of Baptismal Instruction \_\_\_\_\_ Time \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Time \_\_\_\_\_

#### PARENT INFORMATION:

Father's full Name \_\_\_\_\_ Denomination/Religion \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Denomination/Religion \_\_\_\_\_

#### SPONSOR INFORMATION:

Sponsor(s) \_\_\_\_\_

(Must be a practicing Christian 16 years of age or older)