

RETURN FORM TO: The Rev. Lynn C. Sanders
St. Bartholomew's Church, 325 Park Avenue, New York, NY 10022
or Fax to 212 378 0281

HOLY BAPTISM

REGISTRATION FORM

DATE REQUESTED: _____	WHICH SERVICE: _____
-----------------------	----------------------

NAME OF CHILD: _____

DATE OF BIRTH: _____ M F

PLACE OF BIRTH: _____
(City, State)

PARENTS:
(Maiden names,
if applicable) _____

MAILING ADDRESS: _____

TELEPHONE: (H) _____ (O) _____
(cell) _____ email: _____

GODPARENTS
OR SPONSORS:
(Maiden names,
if applicable) _____

(For Office Use Only)	
DATE OF BAPTISM: _____	OFFICIANT: _____
PLACE OF BAPTISM: _____	TIME: _____
DATABASE # _____	