



**St. Paul's**  
Syracuse

The Downtown  
Episcopal Church

# Holy Baptism

Date of Application: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Full Name: \_\_\_\_\_

Parent Full Name: \_\_\_\_\_

Godparent #1: \_\_\_\_\_

Address: \_\_\_\_\_

Godparent #2: \_\_\_\_\_

Address: \_\_\_\_\_

Godparent #3: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Hospital: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_



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

*Baptisms will take place in the church during the 10:00 a.m. worship service. If the family are not members of St. Paul's, there may be a requirement to attend at least 2 services at St. Paul's prior to the baptism date. Baptism donations will go to the Clergy Discretionary Fund.*