



Saint Anselm's Holy Baptism

Candidate's Full Name _____

Gender Male/Female _____

Date of Birth _____

Place of Birth _____
(City and State)

Address: _____

Phone: _____ Email: _____

Father's Full Name _____

Mother's Full Name _____
(maiden name)

Religious Affiliation of Parents _____

Godparents Name/Residence:

1. _____

2. _____

3. _____

Date of Baptism _____ Hour _____

Please return this form to the church office via email: parishoffice@stanselmsofshoreham.org
or by mail: Saint Anselm's Episcopal Church, P.O. Box 606, Shoreham, NY 11786