



The Rev. Mark S. Delcuze, Rector

ccpki.org 410.643.5921 office@ccpki.org

Holy Baptism Information Form

Full Name of Person to be Baptized			Sex
Place of Birth	Date of Birth	Age	Date of Baptism
Father's Full Name		Cell Phone	
Mother's Full Name		Cell Phone	
Mailing Address			
City, State		Zip	
Home Phone		Email Address	
Witnesses or Sponsors Please use full names of all includir	ng maiden names of Godmothers	if married; for example,	Mary Smith Brown)
Sponsor # 1 Full Name	Address		
	City, State Zip		
Sponsor # 2 Full Name	Address		
	City, State Zip		
Sponsor # 3 Full Name	Address		
	City, State Zip		

Officiant-Father Mark S. Delcuze

Please return this form to Christ Church Parish, 830 Romancoke Road, Stevensville, MD 21666 or e-mail to Office@ccpki.org