



Baptismal Information Sheet

Full Name: _____

Date of Birth: _____ Place of Birth: _____

Father's Full Name: _____

Mother's Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Numbers: Home: _____ Cell: _____

Religious Affiliation of Parents: _____

Name of Godparents (Include Maiden Names):

1. _____

2. _____

3. _____

Or Name of Sponsors (include Maiden Names):

1. _____

2. _____

3. _____

Date Requested of Baptism: _____

Please return the completed form to the Parish Office at:

P.O. Box 1677

Santa Rosa Beach, FL 32459

or

office@christthekingfl.org