



St. James Episcopal Church

2423 SW Bascom Norris Dr.

Lake City, FL 32025

386-752-2218

Complete this form and return to Parish Office: stjameslcoffice@gmail.com

HOLY BAPTISM

Full Name _____ Sex _____

Address _____ Age _____

Date of Birth _____

Place of Birth _____

Father's Full Name _____
(as it would appear on Baptismal Certificate)

Mother's Full Name _____
(as it would appear on Baptismal Certificate)

Parents' Residence (if different) _____

Telephone (H) _____ (W) _____

E-Mail _____

Religious Affiliation of Parents _____

Witnesses or God Parents

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____