



BAPTISM APPLICATION

Date: _____

Return to:
St Andrew's ~ Mt Pleasant
Attn: Rector's Personal Assistant
440 Whilden Street
Mt Pleasant, SC 29464
Fax: 843.884.2407
Email: NSapakoff@StAndrews.Church

Child's Information

Male **Female**

Full Name: _____
First Middle Last

Name Called: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Parent's Information

<p>Mother's Full Name: _____ <small>First Middle Last</small></p> <p>Father's Full Name: _____ <small>First Middle Last</small></p> <p>Address: _____ <small style="text-align: right;">City, State, ZIP</small></p> <p>Email: _____</p> <p>Are either of you members of St. Andrew's/Mt Pleasant/City Church/Park Circle? Yes No If no, where? _____</p> <p>Have you had a child baptized here before? Yes No</p>	<p>Phones</p> <p>W _____</p> <p>H _____</p> <p>M _____</p>
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Baptism Information

Date of Baptism: _____ (In Mt. Pleasant, baptisms are normally scheduled on the 1st Sunday of each month.)

Service time and place:	MP Historic Church 9.00 am 10.45 am	MP Ministry Center 9.00 am	City Church 9.00 am 11.00 am	Park Circle 11.00 am
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Number of seats to reserve for family/guests: _____

Godparents/Sponsors: _____