ST ANDREW'S

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

Mother's Full Name: _____
First Middle Last

Father's Full Name: _____
First Middle Last

Address: _____
City, State, ZIP

Email: _____

Are either of you members of St. Andrew's/Mt Pleasant/City Church/Park Circle? Yes No
If no, where? _____

Have you had a child baptized here before? Yes No

Phones

W _____

H _____

M _____

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	MP Ministry Center	City Church	Park Circle
	10.45 am	9.00 am 10.45 am	10.00 am	9.00 am

Number of seats to reserve for family/guests: _____

Godparents/Sponsors: _____

The mission of St. Andrew's is to connect people to the presence and the power of Jesus Christ.