

HOLY BAPTISM AT TRINITY PARISH

Date of Application _____

Full Name _____

Sex _____

Father _____

Mother _____

Address _____

Religious Affiliation _____

God Parent _____

Address _____

God Parent _____

Address _____

Date of Birth _____

Place of Birth _____

Date & Hour of Baptism _____

Place of Baptism Trinity Parish, St. Augustine, FL

Officiant _____



