

Information Blank
Holy Baptism

Date of Application _____

Full Name _____ Sex _____ Age _____

Residence _____ City/Zip _____

Father's Full Name _____

Mother's (Maiden) Name _____

Parent's Residence _____

Parent's Telephone _____

Religious Affiliation of Parents _____

Witnesses or Sponsors:

1. _____

Residence _____

2. _____

Residence _____

3. _____

Residence _____

4. _____

Residence _____

Date of Birth _____

Place of Birth _____

Date of Baptism _____ Hour _____

Place of Baptism _____

Officiant _____

Please fill out this form completely and mail back to: The Parish Church of St. Luke, 939 Hinman Avenue, Evanston, IL 60202