



ST. JAMES PARISH ~ HOLY BAPTISM ~ APPLICATION FORM

PLEASE PRINT

Date of Application _____ Phone Number _____

Child's Full Name _____

Address _____

Date of Birth _____ Gender _____

City and State of Birth _____

Desired Location: St. James Episcopal Church [] Mt. Lebanon Chapel []

Anticipated Date of Baptism _____ Preferred Service Hour _____

Parent 1 Full Name _____

Parent 2 Full Name _____

GODPARENTS, WITNESSES, OR SPONSORS

(Use Full Names, including Maiden Name)

1. _____

2. _____

3. _____

4. _____

Please return this form to: St. James Parish
ATTN: Registrar
25 S. Third Street
Wilmington, NC 28401

Other Contact Information: (910) 763-1628
www.stjamesp.org