



ST. ANDREW'S EPISCOPAL CHURCH

6509 SYDENSTRICKER ROAD † BURKE, VA 22015

Holy Baptism Interest Form

DATE: _____

CANDIDATE INFORMATION

FULL NAME: _____ DATE OF BIRTH: _____

PLACE OF BIRTH (City, State): _____ AGE: _____ GENDER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

PARENT INFORMATION

FULL NAME: _____

PHONE: _____ EMAIL: _____

RELIGIOUS BACKGROUND: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FULL NAME: _____

PHONE: _____ EMAIL: _____

RELIGIOUS BACKGROUND: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MOTHER'S MAIDEN NAME (If Applicable): _____

GODPARENT/SPONSOR INFORMATION

FULL NAME:

RELIGIOUS BACKGROUND:

_____	_____
_____	_____
_____	_____

- Please fill out this form and email it to the office (admin@standrews.net). Someone from the office will contact you about setting up a time to meet with a member of our clergy.
- The date of the Baptism must be approved by clergy and should not be assumed to be final until you receive written confirmation of the date.