



Holy Baptism

The Episcopal Parish of St. John the Evangelist

Full Name _____ Male Female

Residence _____

Home Phone _____

Home Email _____

Father's Full Name _____
(First, middle, last)

Mother's Full Name _____
(First, maiden, married)

Religious Affiliation of Parents _____

Godparents Name/Residence:

1. _____

2. _____

3. _____

Date of Birth _____

Place of Birth _____

Date of Baptism _____ Hour _____

Place of Baptism: Episcopal Parish of St. John the Evangelist
172 Main Street; Hingham, MA 02043
781-749-1535; office@stjohns-hingham.org