

CHRIST EPISCOPAL CHURCH
ELIZABETH CITY, NORTH CAROLINA

BAPTISM INFORMATION

PLEASE PRINT

Date of Baptism: _____

Candidate's or Child's Full Name: _____

Parents' Full Names: _____

Parents' Address: _____

Phone Number: _____

Candidate's or Child's Date of Birth: _____

Place of Birth: _____

Godparents' Names: _____

Call the church office if you have any questions, 338-1686 or email Diane at ceadministrator@embarqmail.com. Thank you.