

**SAINT MICHAEL AND ALL ANGELS CHURCH - BAPTISMAL INFORMATION FORM**  
**(Please Print or Type)**

**SECTION I - FAMILY INFORMATION**

**Date:** \_\_\_\_\_

**NAME OF BAPTISMAL CANDIDATE** \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Birthday \_\_\_\_\_ Birth Place \_\_\_\_\_ Baptism Date: 1<sup>st</sup> choice \_\_\_\_\_  
2<sup>nd</sup> choice \_\_\_\_\_

**Father's** FULL Name (No Initials): \_\_\_\_\_ **Mother's** FULL Name (No initials) \_\_\_\_\_

**Communicant Member\* of SMAA?** Yes \_\_\_ No \_\_\_ **Communicant Member\* of SMAA?** Yes \_\_\_ No \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

**\*Communicant Member is one who has been confirmed or received into the Episcopal Church. A person who has been confirmed or received has made a "mature public affirmation of his or her faith and commitment to the responsibilities of his or her Baptism and received the laying on of hands by the Bishop." (BCP, p. 412) If you desire to be confirmed or received, please call Kay Allred at (214) 363-5471.**

**SECTION II - GODPARENT INFORMATION**

**Godparents must be baptized Christians. "Each candidate for Holy Baptism is to be sponsored by one or more baptized persons." (BCP, Page 298) Godparents of adults and older children present their candidates and thereby signify their endorsement of the candidates and their intention to support them by prayer and example in their Christian life. Godparents of infants present their candidates, make promises in their own names, and also take vows on behalf of their candidates.**

Please give **FULL NAMES** (no initials) of each godparent. If godmothers are married, include full maiden name. You are encouraged to choose up to seven godparents.

1. Name \_\_\_\_\_  
2. Name \_\_\_\_\_  
3. Name \_\_\_\_\_

4. Name \_\_\_\_\_  
5. Name \_\_\_\_\_  
6. Name \_\_\_\_\_

Please return this form to Kay Allred at Saint Michael's, 8011 Douglas Avenue, Dallas, TX 75225 or Fax at 214.363.4388

**Your child will be registered for Baptism when this form is returned to the church. Thank you.**

**INFORMATION FOR CHURCH USE ONLY:** Baptism Date: \_\_\_\_\_; Baptism Service Time: \_\_\_\_\_; Priest Officiating: \_\_\_\_\_;  
Covenant Received: \_\_\_\_\_; Notification Sent to Parent(s): \_\_\_\_\_; Certificates Sent \_\_\_\_\_