



CHRIST CHURCH CAMBRIDGE
ZERO GARDEN STREET ♦ CAMBRIDGE, MA 02138-3631
617/876-0200
www.cccambridge.org

Baptismal Form

(Please submit a separate form for each candidate.)

Date of Baptism _____
Full Name of Person to be Baptized _____
Address _____ Telephone (____) _____
City, State & Zip _____
Date and Place of Birth _____

Parents' Full Names (include name at baptism, if different)

(The following questions do not have to be answered by adult candidates for Holy Baptism.)

	Sponsors (Full name)	Religious Affiliation
1.	_____	_____
Address	_____	_____
2.	_____	_____
Address	_____	_____
3.	_____	_____
Address	_____	_____
4.	_____	_____
Address	_____	_____

Officiating Priest _____

On a separate sheet, please write your reasons for seeking the Sacrament of Baptism. What does Baptism mean to you? Why did you select Christ Church for the administration of the sacrament? What role does your Christian faith play in your life?