Information Form

HOLY BAPTISM

		Date of Application			
Full Name				Sex	
Address				Age	
Town		State	ZIP		
Date of Birth		Place of Birth			
Father's Full Name	(as it w	ould appear on Baptismal Certifica	to)		
		mu appear on bapusmai Certifica	<i>(c)</i>		
Mother's Full Name	(as it we	ould appear on Baptismal Certifica	rte)		
D(if 4:00					
Parents Residence (If difference)	ent)				
Town		State	ZIP		
Home Telephone					
Mother's Cell Phone		E-mail			
Father's Cell Phone		E-mail			
Religious Affiliation of Pare	ents				
*******	1	nesses or Godparents ****		*******	
	2				
	Address				
	3				
Date of Baptism			Hour		
Place of Baptism					
	ests attending baptism			vou!	
	Questions? Please	call the parish office at (973	3) 627-3304		

The Church of the Saviour 155 Morris Ave., Denville NJ 07834

the church of the saviour den ville @gmail.com