



THE EPISCOPAL CHURCH | JACKSON
HOLE

Holy Baptism Application

Date _____

Full Name _____ Sex _____

Date of Birth _____ Age _____

Place of Birth _____

Mailing Address (if infant, parent's address)

Telephone _____ email _____

Father's Full Name _____

Mother's Maiden Name _____

Religious Affiliation of Parents _____

Sponsors or Witnesses Names

1.

Address _____

2.

Address _____

3.

Address _____

Date desired for Baptism _____ Hour _____

Place of Baptism _____

Officiant _____

Please enclose \$350, payable to St. John's Church.

**Active, pledging members of St. John's are not required to pay a fee.*

P.O. Box 1690
170 North Glenwood
Jackson, WY. 83001

www.stjohnsjackson.org
307-733-2603
307-734-1371 (fax)