



Registration for Holy Baptism

St. Peter's Episcopal Church

320 Boston Post Road, Weston, MA 02493 | 781-891-3200

email: office@stpetersweston.org

Date of Baptism

Service Time

Please complete this form and return it by mail/email to the church office.

The Candidate for Baptism

Candidate's Last Name	First Name	Middle Name	Male	Female
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Candidate's Age	Birth Date	Place of Birth
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Candidate's Home address	City, State, Zip code
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Email Address	Phone	Cellphone
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Parents

Full name (First, Middle, Last)	Baptized	Confirmed
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Religious Affiliation

Home Parish and Location

Full name (First, Middle, Last)	Baptized	Confirmed
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Religious Affiliation

Home Parish and Location

Godparents/Sponsors

Full name (First, Middle, Last)	Baptized	Confirmed
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Religious Affiliation

Home Parish and Location

Full name (First, Middle, Last)	Baptized	Confirmed
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Religious Affiliation

Home Parish and Location

Please tell us how many family members & guests you expect to attend, so that we may reserve pews. _____